

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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	C Name of organization ISLAMIC RELIEF USA <hr/> Doing business as ISLAMIC RELIEF/IRUSA <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE. <hr/> City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304 <hr/> F Name and address of principal officer: KHALED LAMADA SAME AS C ABOVE	D Employer identification number 95-4453134 <hr/> E Telephone number 703-370-7202 <hr/> G Gross receipts \$ 108,139,955. <hr/> H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: WWW.IRUSA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1993 M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER,		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	172
6	Total number of volunteers (estimate if necessary)	6	3000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	2,407.
8	Contributions and grants (Part VIII, line 1h)	8	145,421,015.
9	Program service revenue (Part VIII, line 2g)	9	107,749,052.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	219,908.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	-1,432,526.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	143,988,489.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	106,642,217.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	126,306,799.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	56,839,997.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,073,986.	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	10,416,532.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	11,902,035.
19	Revenue less expenses. Subtract line 18 from line 12	19	0.
20	Total assets (Part X, line 16)	20	13,675,201.
21	Total liabilities (Part X, line 26)	21	15,531,728.
22	Net assets or fund balances. Subtract line 21 from line 20	22	150,398,532.
23		23	84,273,760.
24		24	-6,410,043.
25		25	22,368,457.
26		26	44,711,691.
27		27	74,987,401.
28		28	23,851,801.
29		29	29,119,793.
30		30	20,859,890.
31		31	45,867,608.

Part II Signature Block

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

Sign Here	Signature of officer SHARIF ALY, CEO Type or print name and title	Date NOV 4 2 2019
Paid Preparer Use Only	Print/Type preparer's name WILLIAM E TURCO, CPA Firm's name ▶ RSM US LLP Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	Preparer's signature Check if self-employed <input type="checkbox"/> PTIN P00369217 Firm's EIN ▶ 42-0714325 Phone no. 301-296-3600

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

ISLAMIC RELIEF USA 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 \$ 17,910,678. including grants of \$ 12,232,541.) (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:

-EMERGENCY HEMODIALYSIS SERVICE FOR SYRIAN REFUGEES IN JORDAN, WHICH
SEEKS TO SAVE THE LIVES OF SYRIAN REFUGEES AFFECTED BY THE SYRIA
HUMANITARIAN CRISIS AND ARE SUFFERING FROM CHRONIC RENAL FAILURE WITH
TIMELY COMPREHENSIVE LIFE-SAVING HEMODIALYSIS HEALTH CARE AND MEDICAL

4b (Code:) (Expenses \$ 15,299,865. including grants of \$ 13,935,104.) (Revenue \$)**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 21,464 ORPHANS IN THE
FOLLOWING 24 COUNTRIES LOCATIONS THROUGH THE ORPHANS 1-2-1 SPONSORSHIP
PROGRAM: AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHAD, CHECHNYA,
ETHIOPIA, INDIA, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON,
MALAWI, MALI, NIGER, PAKISTAN, SOMALIA, SOUTH AFRICA, SRI LANKA, SYRIA,
TUNISIA AND YEMEN. IN ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO
IMPLEMENTS ADDITIONAL ORPHAN SUPPORT PROGRAMS.

ESTIMATED BENEFICIARIES: 50,601**4c** (Code:) (Expenses \$ 15,092,044. including grants of \$ 13,743,296.) (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:

- FOOD INSECURITY AND POVERTY ALLEVIATION IN DROUGHT PRONE AREAS,
THROUGH SUPPORTING 1,000 SMALL-HOLDER FARMERS TO PRODUCE A PRODUCTIVE
INFRASTRUCTURE INCLUDING THE ESTABLISHMENT OF IRRIGATION SYSTEMS AND

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

(Expenses \$ 18,404,538. including grants of \$ 16,929,055.) (Revenue \$)

4e Total program service expenses 66,707,125.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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?		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	
35b 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 Section 501(c)(3) organizations. 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

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

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 172		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a X	
7 Organizations that may receive deductible contributions under section 170(c).	7b X	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	9b	
9 Sponsoring organizations maintaining donor advised funds.	10a	
a Did the sponsoring organization make any taxable distributions under section 4966? N/A	10b	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	11a	
10 Section 501(c)(7) organizations. Enter:	11b	
a Initiation fees and capital contributions included on Part VIII, line 12 N/A	12a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11 Section 501(c)(12) organizations. Enter:	13a	
a Gross income from members or shareholders N/A	13b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	14b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	15	X
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	16	X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
If "Yes," complete Form 4720, Schedule O.		

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 ☒ X

Section A. Governing Body and Management

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

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

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

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 (1024 or 1024-A 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

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

11

compensation from the organization		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 , MOUNTTAIN VIEW, CA 94043-1351	SOFTWARE/ONLINE STORAGE/ADVERTISING	1,102,793.
TRAVEL EXPERTS 550 W. VISTA WAY #102, VISTA, CA 92124	TRAVEL AGENCY	325,433.
MORE VANG PO BOX 16240, ALEXANDRIA, VA 22302	PRINT MATERIALS	290,264.
CLEAR CHANNEL OUTDOOR PO BOX 402379, ATLANTA, GA 30384-2379	ADVERTISING	270,000.
JACKSON RIVER, LLC 2535 13TH ST NW # 005, WASHINGTON, DC 20009	ONLINE SOFTWARE PLATFORM/PROJECT MGMT	233,738.
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		
		12

Form 990 (2018)

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,149,466.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	104,599,586.				
	g Noncash contributions included in lines 1a-1f: \$		30,552,704.				
	h Total. Add lines 1a-1f			107,749,052.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			219,908.			219,908.
	8 a Gross income from fundraising events (not including \$ 3,149,466. of contributions reported on line 1c). See Part IV, line 18	a		148,011.			
	b Less: direct expenses	b		1,497,738.			
	c Net income or (loss) from fundraising events			-1,349,727.			-1,349,727.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	22,984.			22,984.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			22,984.				
12 Total revenue. See instructions			106,642,217.	0.	0.	-1,106,835.	

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	3,800,919.	3,800,919.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,731,631.	1,731,631.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	51,307,447.	51,307,447.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	592,771.	151,764.	108,410.	332,597.
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	8,528,022.	2,183,380.	1,559,667.	4,784,975.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	200,271.	51,274.	36,627.	112,370.
9 Other employee benefits	1,878,659.	480,982.	343,583.	1,054,094.
10 Payroll taxes	702,312.	179,809.	128,444.	394,059.
11 Fees for services (non-employees):				
a Management				
b Legal	147,336.	49,112.	49,112.	49,112.
c Accounting	70,332.	23,444.	23,444.	23,444.
d Lobbying	90,222.	90,222.		
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.)	397,920.	117,685.	36,501.	243,734.
12 Advertising and promotion	2,401,114.	34,219.	39,845.	2,327,050.
13 Office expenses	2,451,224.	270,976.	1,310,297.	869,951.
14 Information technology	436,602.	107,240.	150,172.	179,190.
15 Royalties				
16 Occupancy	354,817.	61,786.	90,261.	202,770.
17 Travel	1,268,722.	451,413.	136,917.	680,392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	639,771.	20,976.	11,318.	607,477.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	340,703.		340,703.	
23 Insurance	89,985.	22,540.	31,556.	35,889.
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	5,481,917.	5,481,917.		
b COMMUNITY EVENT SPONSOR	1,158,355.	87,192.	14,594.	1,056,569.
c HONORARIUM	121,308.	1,022.	1,236.	119,050.
d PROF EDUC & TRAINING	81,400.	175.	79,962.	1,263.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,273,760.	66,707,125.	4,492,649.	13,073,986.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	36,102,072.	1	46,969,398.
	2 Savings and temporary cash investments	36,599.	2	159,871.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,874.	4	218,310.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	303,000.	8	18,751,322.
	9 Prepaid expenses and deferred charges	756,436.	9	734,411.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,437,311.		
	b Less: accumulated depreciation	10b 1,273,560.		
	11 Investments - publicly traded securities	4,195,534.	10c	4,163,751.
	12 Investments - other securities. See Part IV, line 11	3,279,346.	11	3,959,090.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	36,830.	14	31,248.
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,711,691.	15	74,987,401.	
Liabilities	17 Accounts payable and accrued expenses	1,278,848.	16	1,836,524.
	18 Grants payable	22,572,953.	17	27,283,269.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	23,851,801.	25	29,119,793.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26
27 Unrestricted net assets		6,935,863.	27	23,863,525.
28 Temporarily restricted net assets		13,924,027.	28	22,004,083.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		20,859,890.	33	45,867,608.
34 Total liabilities and net assets/fund balances		44,711,691.	34	74,987,401.

Form 990 (2018)

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	106,642,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,273,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,368,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,859,890.
5	Net unrealized gains (losses) on investments	5	-333,825.
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	2,973,086.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,867,608.

Part XII Financial Statements and Reporting

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

☐**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form **990** (2018)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	112,578,964.	109,204,699.	104,682,885.	145,421,015.	117,860,557.	589,748,120.
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 Total. Add lines 1 through 3	112,578,964.	109,204,699.	104,682,885.	145,421,015.	117,860,557.	589,748,120.
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 Public support. Subtract line 5 from line 4.						589,748,120.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	112,578,964.	109,204,699.	104,682,885.	145,421,015.	117,860,557.	589,748,120.
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.)			602.	23,890.	23,815.	48,307.
11 Total support. Add lines 7 through 10						589,796,427.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.96 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 stop here. 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 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, 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 **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 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 **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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.		
1		
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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
1		
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).		
2		
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.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
2a		
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.		
2b		
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.		
3a		
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.		
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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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 Total annual distributions. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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**

2016 AMOUNT: \$ 602.

2017 AMOUNT: \$ 23,890.

2018 AMOUNT: \$ 23,815.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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		\$ 39,527,368.	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

Part II Noncash Property

[illegible]

Name of organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**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 ▶ \$ ☐ Yes ☐ No

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) 2018

LHA

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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		100,352.													
c Total lobbying expenditures (add lines 1a and 1b)		100,352.													
d Other exempt purpose expenditures		87,941,151.													
e Total exempt purpose expenditures (add lines 1c and 1d)		88,041,503.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	4,105.	2,435.	12,434.	100,352.	119,326.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
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 7/25/06, 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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		3,006,501.	705,320.	2,301,181.
c Leasehold improvements		36,725.	19,444.	17,281.
d Equipment		35,000.	7,000.	28,000.
e Other		1,055,806.	541,796.	514,010.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,163,751.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	107,909,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,181.
e	Add lines 2a through 2d	2e	12,181.
3	Subtract line 2e from line 1	3	107,897,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-1,254,846.
c	Add lines 4a and 4b	4c	-1,254,846.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	106,642,217.

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

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

1	Total expenses and losses per audited financial statements	1	82,962,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,661,814.
e	Add lines 2a through 2d	2e	1,661,814.
3	Subtract line 2e from line 1	3	81,300,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,973,086.
c	Add lines 4a and 4b	4c	2,973,086.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	84,273,760.

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, 2018.

MANAGEMENT HAS EVALUATED IRUSAS 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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 12,181.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B -1,497,738.

OTHER INCOME REPORTED ON PART VIII, LINE 11A 22,984.

REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 219,908.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,254,846.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 164,076.

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 1,497,738.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,661,814.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS REPORTED ON PART XI, LINE 9 2,973,086.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

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		4,828,540.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		15,762,936.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		14,480,338.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		450,526.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		58,719.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		8,392,718.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		7,333,670.
3 a Subtotal	0	0			51,307,447.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			51,307,447.

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

Schedule F (Form 990) 2018

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 - ACCESS FOR OUT OF SCHOOL GIRLS TO PRIMARY EDUCATION IN	700,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	BENIN - INSTITUTE ANNOUR SCHOOL PROJECT.	282,353.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - CHILDREN ARE BACK TO SCHOOL (CABS) IN CENTRAL SULAWESI	500,514.	WIRE	0.		
			SUB-SAHARAN AFRICA	MUSLIM TEACHERS TRAINING INSTITUTE - TO PREPARE TEACHERS TO PROVIDE A HOLISTIC	290,356.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	PURSUING EXCELLENCE THROUGH LEARNING AND EFFECTIVENESS (PELE)	528,793.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - LIVELIHOOD RESTORATION AFTER DISASTER FOR LOMBOK	100,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	UNRWA SUSTAINING URGENT HEALTH SERVICES FOR PALESTINIAN REFUGEES	250,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - PROVIDE VULNERABLE FAMILIES IN REMOTE AREAS WITH FIREWOOD, BLANKETS	46,318.	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 9

3 Enter total number of other organizations or entities 9

Schedule F (Form 990) 2018

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				BANGLADESH - COX'S BAZAAR, BANGLADESH EMERGENCY & RESILIENCE ASSISTANCE	752,553.	WIRE	0.		
			SOUTH ASIA	BOSNIA - PROVIDE VULNERABLE FAMILIES WITH FIREWOOD AND WINTER CLOTHING.	67,500.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - PROVIDE VULNERABLE HOUSEHOLDS WITH CONSTRUCTION MATERIALS AND SUPPORT	25,480.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - RAPID RESPONSE FOR OROMO IDPS	210,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	GAZA HEALTH EMERGENCY RESPONSE, ANERA	250,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GREECE - LEGALLY EMPOWERING REFUGEES IN LESVOS AND ATHENS, GREECE	180,962.	WIRE	0.		
			SOUTH ASIA	INDIA - FLOOD RESILIENT SAFE WATER SUPPLY PROJECT IN FLOOD PRONE AREAS OF	69,692.	WIRE	0.		
			SOUTH ASIA	INDIA - KERALA FLOOD RECOVERY, KERALA/INDIA	150,010.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - PROVIDE VULNERABLE HOUSEHOLDS WITH BLANKETS, HEATERS AND	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)
		MIDDLE EAST AND NORTH AFRICA	JORDAN - PROVIDE VULNERABLE HOUSEHOLDS WITH CLOTHES, BLANKETS, HEATERS AND	350,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA - EMERGENCY RESPONSE TO COMMUNITIES AFFECTED BY FLOODS IN KENYA	188,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - PROVIDE VULNERABLE FAMILIES AND ORPHAN FAMILIES WITH FOOD, CLOTHES,	20,800.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON - PROVIDE REFUGEES AND VULNERABLE FAMILIES WITH FOOD, BLANKETS,	250,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - SUPPORT ORPHANS AND POOR FAMILIES BY PROVIDING THEM WITH HEATING	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR - SHELTER CONSTRUCTION PROJECT FOR IDPS IN RAKHINE STATE	310,186.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR EMERGENCY RESPONSE FOR FLOOD IN KAYIN STATE	25,000.	WIRE	0.		
		SOUTH ASIA	NEPAL - PROVIDE VULNERABLE FAMILIES WITH JACKETS, BLANKETS, AND OTHER	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	OVERCOMING THE DAMAGE CAUSED BY THE ALEXA STORM WEST BANK	6,545.	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)
				PAKISTAN - PROVIDE VULNERABLE RETURNEES WITH HOUSEHOLD ITEMS AND CLOTHING TO	50,000.	WIRE	0.		
			SOUTH ASIA						
			EAST ASIA AND THE PACIFIC	PHILIPPINES - SUPER TYPHOON MANGKHUT EMERGENCY CASH CARDS	50,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - HUMANITARIAN ASSISTANCE FOR FLOOD AFFECTED FAMILIES IN	188,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - PROVIDE VULNERABLE HOUSEHOLDS WITH BLANKETS, COATS, SHOES, AND OTHER	350,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - PROVIDE VULNERABLE FAMILIES WITH BLANKETS, MATTRESS AND OTHER	200,000.	WIRE	0.		
				RESPONSE TO THE VENEZUELAN CRISIS IN PERU - PROVIDE ASSISTANCE TO	58,719.	WIRE	0.		
			SOUTH AMERICA						
			SOUTH ASIA	AFGHANISTAN - QURBANI	92,764.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN RAMADAN 2018.	34,915.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - QURBANI	19,945.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - SUSTAINABLE LIVELIHOOD PROJECT: LIVESTOCK DISTRIBUTION TO WOMEN	50,000.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA RAMADAN 2018.	10,457.	WIRE	0.		
			SOUTH ASIA	BANGLADESH - QURBANI	163,576.	WIRE	0.		
			SOUTH ASIA	BANGLADESH RAMADAN 2018.	37,979.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - QURBANI	54,584.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA RAMADAN 2018.	26,374.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD - QURBANI	29,505.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD RAMADAN 2018.	22,991.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - QURBANI	50,896.	WIRE	0.		

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN 2018.	15,382.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - QURBANI	115,660.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN 2018.	84,308.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	FEED THE FASTING DURING RAMADAN IN GAZA STRIP 2018	200,000.	WIRE	0.		
			SOUTH ASIA	INDIA - IMRC QURBANI PROGRAM 2018	198,000.	WIRE	0.		
			SOUTH ASIA	INDIA - IMRC RAMADAN FEEDING PROGRAM 2018	150,000.	WIRE	0.		
			SOUTH ASIA	INDIA - QURBANI	184,111.	WIRE	0.		
			SOUTH ASIA	INDIA RAMADAN 2018.	23,599.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - QURBANI	10,504.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	INDONESIA RAMADAN 2018.	18,667.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - QURBANI	53,286.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ RAMADAN 2018.	34,947.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN - QURBANI	99,137.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN RAMADAN 2018.	57,002.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - QURBANI	52,165.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA RAMADAN 2018.	59,288.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - QURBANI	47,208.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO RAMADAN 2018.	12,378.	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 - QURBANI	83,086.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON RAMADAN 2018.	36,801.	WIRE	0.		
			SUB-SAHARAN AFRICA	LESOTHO - QURBANI	25,846.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - QURBANI	10,445.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA RAMADAN 2018.	7,562.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - QURBANI	100,317.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI RAMADAN 2018.	23,394.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - QURBANI	99,137.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - SOCIO-ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS IN KOULIKORO REGION	300,000.	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	MALI RAMADAN 2018.	27,394.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - QURBANI	460,278.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR - RURAL INTEGRATED DEVELOPMENT FOR SOCIOECONOMIC	2,534,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	MYANMAR RAMADAN 2018.	237,637.	WIRE	0.		
			SOUTH ASIA	NEPAL - QURBANI	15,248.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - FOOD INSECURITY AND POVERTY ALLEVIATION IN DROUGHT PRONE	375,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - QURBANI	99,137.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - SUSTAINABLE LIVELIHOOD OF ORPHAN FAMILIES THROUGH ISLAMIC MICROFINANCE	350,000.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER RAMADAN 2018.	26,224.	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 - QURBANI	292,100.	WIRE	0.		
			SOUTH ASIA	PAKISTAN RAMADAN 2018.	65,502.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PHILIPPINES - QURBANI	21,598.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	PHILIPPINES RAMADAN 2018.	9,610.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - QURBANI	261,296.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA RAMADAN 2018.	154,932.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - QURBANI	23,899.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA RAMADAN 2018.	23,658.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH SUDAN - FOOD SECURITY AND LIVELIHOODS IMPROVEMENT PROJECT	100,000.	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 - QURBANI	84,974.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH SUDAN RAMADAN 2018.	66,638.	WIRE	0.		
				SRI LANKA - DEVELOPMENT OF VULNERABLE COMMUNITIES THROUGH	50,000.	WIRE	0.		
			SOUTH ASIA						
			SOUTH ASIA	SRI LANKA - QURBANI	33,990.	WIRE	0.		
			SOUTH ASIA	SRI LANKA RAMADAN 2018.	15,539.	WIRE	0.		
			SUB-SAHARAN AFRICA	SUDAN - QURBANI	87,807.	WIRE	0.		
			SUB-SAHARAN AFRICA	SUDAN RAMADAN 2018.	22,776.	WIRE	0.		
				SUPPORTING GAZA FAMILIES DURING EID					
			MIDDLE EAST AND NORTH AFRICA	AL ADHA (UNRWA - GAZA)	400,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES - SYRIAN REFUGEES 2018	89,965.	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 - QURBANI	10,091.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA RAMADAN 2018.	10,251.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - QURBANI	491,459.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - SUPPORT TO AGRICULTURE BASED LIVELIHOODS IN TURKEY	2,000,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	WOMEN CAN - TO EMPOWER PALESTINIAN WOMEN HEAD OF HOUSEHOLD TO INCREASE	500,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY FOOD ASSISTANCE FOR WAR AFFECTED POPULATIONS IN YEMEN	486,699.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - HODEIDAH EMERGENCY LIFE -SAVING ASSISTANCE	550,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - LIFESAVING FOOD ASSISTANCE YEMEN	500,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - QURBANI	285,608.	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	YEMEN RAMADAN 2018.	216,620.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE - QORBANI	41,897.	WIRE	0.		
			SUB-SAHARAN AFRICA	ZIMBABWE RAMADAN 2018.	17,522.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - CONSTRUCTION OF TWO PRIMARY HEALTH CENTER EMERGENCY	47,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	HEMODIALYSIS SERVICE FOR SYRIAN REFUGEES IN JORDAN	200,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - ENHANCING KIDNEY DIALYSIS UNITS IN SOUTH LEBANON	218,000.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY LIFESAVING - HODEIDA, DHAMAR, AMRAN AND SA'ADA GOVERNORATES,	800,000.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	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	BANGLADESH - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SOUTH ASIA	INDIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	INDONESIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SOUTH ASIA	PAKISTAN - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SOUTH ASIA	SRI LANKA - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEES - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	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	YEMEN - MEDICAL SUPPORT FOR ORPHAN FAMILIES	12,358.	WIRE	0.		
			SOUTH ASIA	AFGHANISTAN - ORPHAN SPONSORSHIP	645,021.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - ORPHAN SPONSORSHIP	130,163.	WIRE	0.		
			SOUTH ASIA	BANGLADESH - ORPHAN SPONSORSHIP	664,557.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - ORPHAN SPONSORSHIP	282,955.	WIRE	0.		
			SUB-SAHARAN AFRICA	CHAD - ORPHAN SPONSORSHIP	48,046.	WIRE	0.		
			RUSSIA AND NEIGHBORING STATES	CHECHNYA - ORPHAN SPONSORSHIP	346,410.	WIRE	0.		
			SUB-SAHARAN AFRICA	ETHIOPIA - ORPHAN SPONSORSHIP	273,388.	WIRE	0.		
			SOUTH ASIA	INDIA - ORPHAN SPONSORSHIP	571,218.	WIRE	0.		

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	INDONESIA - ORPHAN SPONSORSHIP	138,187.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	IRAQ - ORPHAN SPONSORSHIP	299,313.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	JORDAN - ORPHAN SPONSORSHIP	1,099,369.	WIRE	0.		
			SUB-SAHARAN AFRICA	KENYA - ORPHAN SPONSORSHIP	375,868.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - ORPHAN SPONSORSHIP	172,370.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	LEBANON - ORPHAN SPONSORSHIP	624,417.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALAWI - ORPHAN SPONSORSHIP	33,055.	WIRE	0.		
			SUB-SAHARAN AFRICA	MALI - ORPHAN SPONSORSHIP	433,316.	WIRE	0.		
			SUB-SAHARAN AFRICA	NIGER - ORPHAN SPONSORSHIP	227,337.	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	1,720,088.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOMALIA - ORPHAN SPONSORSHIP	473,393.	WIRE	0.		
			SUB-SAHARAN AFRICA	SOUTH AFRICA - ORPHAN SPONSORSHIP	163,682.	WIRE	0.		
			SOUTH ASIA	SRI LANKA - ORPHAN SPONSORSHIP	134,533.	WIRE	0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	SYRIAN REFUGEES - ORPHAN SPONSORSHIP IN NEIGHBORING COUNTRIES	188,443.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIAN REFUGEES - ORPHAN SPONSORSHIP IN NEIGHBORING COUNTRIES	188,443.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	SYRIAN REFUGEES - ORPHAN SPONSORSHIP IN NEIGHBORING COUNTRIES	188,443.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	TUNISIA - ORPHAN SPONSORSHIP	39,682.	WIRE	0.		
			MIDDLE EAST AND NORTH AFRICA	YEMEN - ORPHAN SPONSORSHIP	710,521.	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	INTERVENTION TO SUPPORT VULNERABLE CHILDREN IN GAZA	2,200,000.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - EMPOWERING WIDOWS IN NEED	1,300,763.	WIRE	0.		
			BANGLADESH - PROMOTING APPROPRIATE WATER OPTION FOR VULNERABLE COMMUNITY	162,342.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHAD - INTEGRATED RESPONSE FOR INTERNALLY DISPLACED (IDPS)	346,648.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED SUPPORT PROGRAM FOR GARISSA COMMUNITY IN KENYA	1,031,369.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - ACCESS TO SAFE WATER THE VILLAGE OF DANGA, CIRCLE OF DOUENTZA, MALI	14,045.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR - WASH & SHELTER FOR IDPS AND STD COM IN RAKHINE STATE (WASHELTER),	400,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA - TUNISIA CHILD FRIENDLY SCHOOLS PROJECT	1,000,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - EMERGENCY WASH SADA'A, HUDYDAH AND AMRAN GOVERNORATES YEMEN	1,200,000.	WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; don't 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; don't file with Form 990) ☒ Yes ☐ No

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: AFGHANISTAN - ACCESS FOR OUT OF SCHOOL GIRLS TO
PRIMARY EDUCATION IN AFGHANISTAN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MUSLIM TEACHERS TRAINING INSTITUTE - TO PREPARE
TEACHERS TO PROVIDE A HOLISTIC AND MODERATE CURRICULUM AND CONTINUAL
TRAINING BY THE USE OF MODERN EDUCATIONAL TECHNIQUES IN ORDER TO PREPARE
A FAITHFUL, CREATIVE, AND ACTIVE GENERATION IN THE COMMUNITY.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: INDONESIA - LIVELIHOOD RESTORATION AFTER DISASTER
FOR LOMBOK EARTHQUAKE, LOMBOK

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - PROVIDE VULNERABLE FAMILIES IN REMOTE

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.

AREAS WITH FIREWOOD, BLANKETS AND WINTER CLOTHING.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BANGLADESH - COX'S BAZAAR, BANGLADESH EMERGENCY &

RESILIENCE ASSISTANCE (ERA) FOR ROHINGYA REFUGEES

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: CHECHNYA - PROVIDE VULNERABLE HOUSEHOLDS WITH

CONSTRUCTION MATERIALS AND SUPPORT IN REINFORCING THEIR DWELLINGS

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INDIA - FLOOD RESILIENT SAFE WATER SUPPLY PROJECT

IN FLOOD PRONE AREAS OF BIHAR

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ - PROVIDE VULNERABLE HOUSEHOLDS WITH

BLANKETS, HEATERS AND MATTRESSES

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: JORDAN - PROVIDE VULNERABLE HOUSEHOLDS WITH

CLOTHES, BLANKETS, HEATERS AND HYGIENE VOUCHERS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: KOSOVO - PROVIDE VULNERABLE FAMILIES AND ORPHAN

FAMILIES WITH FOOD, CLOTHES, BLANKETS AND FIREWOOD.

REGION: MIDDLE EAST AND NORTH AFRICA

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.

(D) PURPOSE OF GRANT: LEBANON - PROVIDE REFUGEES AND VULNERABLE FAMILIES

WITH FOOD, BLANKETS, FUEL, MATTRESSES AND HYGIENE KITS TO WITHSTAND THE
WINTER

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: MACEDONIA - SUPPORT ORPHANS AND POOR FAMILIES BY

PROVIDING THEM WITH HEATING WOOD AND BLANKETS TO WITHSTAND THE WINTER
SEASON

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: NEPAL - PROVIDE VULNERABLE FAMILIES WITH JACKETS,
BLANKETS, AND OTHER ITEMS TO WITHSTAND THE WINTER.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PAKISTAN - PROVIDE VULNERABLE RETURNEES WITH
HOUSEHOLD ITEMS AND CLOTHING TO WITHSTAND THE WINTER.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOMALIA - HUMANITARIAN ASSISTANCE FOR FLOOD
AFFECTED FAMILIES IN BELETWEYNE (ESFAF)

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TURKEY - PROVIDE VULNERABLE HOUSEHOLDS WITH
BLANKETS, COATS, SHOES, AND OTHER HOUSEHOLD ITEMS TO WITHSTAND THE
WINTER.

REGION: MIDDLE EAST AND NORTH AFRICA

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.

(D) PURPOSE OF GRANT: YEMEN - PROVIDE VULNERABLE FAMILIES WITH BLANKETS,

MATTRESS AND OTHER CLOTHING ITEMS TO WITHSTAND THE WINTER.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: RESPONSE TO THE VENEZUELAN CRISIS IN PERU -

PROVIDE ASSISTANCE TO VENEZUELAN MIGRANTS IN PERU THROUGH EQUIPPING

SHELTERS TO HANDLE THE DEMAND AND DELIVERY OF NUTRITIOUS MEALS THROUGH

COMMUNITY KITCHENS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: ALBANIA - SUSTAINABLE LIVELIHOOD PROJECT:

LIVESTOCK DISTRIBUTION TO WOMEN IN ALBANIA

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MYANMAR - RURAL INTEGRATED DEVELOPMENT FOR

SOCIOECONOMIC EMPOWERMENT (RIDE)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: NIGER - FOOD INSECURITY AND POVERTY ALLEVIATION IN

DROUGHT PRONE AREAS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOUTH SUDAN - FOOD SECURITY AND LIVELIHOODS

IMPROVEMENT PROJECT IN KAPOETA EAST

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SRI LANKA - DEVELOPMENT OF VULNERABLE COMMUNITIES

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.

THROUGH SKILL ENHANCEMENT

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: WOMEN CAN - TO EMPOWER PALESTINIAN WOMEN HEAD OF

HOUSEHOLD TO INCREASE THEIR ECONOMIC AUTONOMY AND FINANCIAL RESOURCES,

ENABLING THEM TO BETTER SUSTAIN THEIR FAMILIES, INCLUDING THEIR ORPHAN

CHILDREN.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: YEMEN - EMERGENCY LIFESAVING - HODEIDA, DHAMAR,

AMRAN AND SA'ADA GOVERNORATES, YEMEN

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MYANMAR - WASH & SHELTER FOR IDPS AND STD COM IN

RAKHINE STATE (WASHELTER), SITTWE TOWNSHIP

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 RELATED TO

OVERSEAS ACTIVITY. THE ORGANIZATION IS REQUIRED TO FILE A FORM 990-T

FOR DISALLOWED FRINGE BENEFITS. 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

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

Part I

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

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

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

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

☐ **Yes**☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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

	(a) Event #1 DINNER - OXON HILL, MD	(b) Event #2 DINNER - NEW YORK, NY	(c) Other events 103	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	289,822.	160,961.	2,846,694.	3,297,477.
2 Less: Contributions	235,403.	153,061.	2,761,002.	3,149,466.
3 Gross income (line 1 minus line 2)	54,419.	7,900.	85,692.	148,011.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	165,660.	3,600.	516,389.	685,649.
7 Food and beverages		9,000.	202,358.	211,358.
8 Entertainment			29,720.	29,720.
9 Other direct expenses	33,743.	886.	536,382.	571,011.
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,497,738.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,349,727.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ)	
Part IV	Supplemental Information (continued)

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

**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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**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
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)	15,320.	0.			WSSU COMMUNITY CARE CLINIC CONTINUING ENRICHMENT GRANT - EXPAND AND IMPROVE THE PHYSICAL RE-ENTRY ON JOB PLANNING - TO PROVIDE SUPPORT FOR EXPENSES INCLUDING TRANSPORTATION,
UNITED PLANNING ORGANIZATION 301 RHODE ISLAND AVE NW WASHINGTON, DC 20001	52-0788987	501(C)(3)	11,425.	0.			THE ONE COMMUNITY GARDEN PROJECT - TO BROADEN AND DIVERSIFY ACCESS TO ITS LOCAL GARDEN TO ENABLE SUMMER LUNCH PROGRAM - TO
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS (USCRI) - 2231 CRYSTAL DRIVE SUITE 350 - ARLINGTON, VA 22202	13-1878704	501(C)(3)	12,500.	0.			HELP CHILDREN IN NEED BY PROVIDING THEM WITH LIFE SKILLS CLASS, READING AND USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	15,000.	0.			RAMADAN FOOD PANTRY - TO PROVIDE FOOD PACKAGES TO FAMILIES AND HOMELESS PEOPLE. TO PROVIDE ZAKAT
AL-MAUN (NEIGHBORLY NEEDS) 711 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	14,400.	0.			
SAHABA INITIATIVE INC 1887 BUSINESS CENTER DR SUITE 3 SAN BERNARDINO, CA 92408	45-2488503	501(C)(3)	81,000.	0.			

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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 MOSQUE FOUNDATION 7210 W. 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	6,000.	0.			RAMADAN FOOD PANTRY - TO DISTRIBUTE A PREPACKED NON PERISHABLE BAG OF GROCERIES AS WELL AS
UPLIFT CHARITY 17299 BRAMBLE COURT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	6,000.	0.			RAMADAN FOOD PANTRY - TO DISTRIBUTE PREPACKAGED PARCELS OF FOOD.
ZAMAN INTERNATIONAL 26091 TROWERIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	6,000.	0.			RAMADAN FOOD PANTRY - TO PROVIDE SUPPLEMENTAL FOOD TO THEIR CLIENTS. THE CLIENTS RECEIVE A PANTRY VILLAGE OF CHAMPIONS
VILLAGE OF CHAMPIONS YOUTH NETWORK, INC - 807 N. 63 ST. - PHILADELPHIA, PA 19151	90-0983968	501(C)(3)	7,000.	0.			BUILDING BRIDGES PROJECT - TO BRIDGE BRIDGES BETWEEN DIFFERENT MUSLIM INTERFAITH LEARNING AND ACTION: EXPLORING WHY NATURE MATTERS TO US - TO ADDRESS THE LACK OF
GREEN MUSLIMS 1321 B HARVARD ST NW WASHINGTON, DC 20009	47-1986437	501(C)(3)	8,000.	0.			TULSA MULTI-FAITH ENGAGEMENT PROJECT - TO FOSTER COMMUNITY AND BUILD TRUST BETWEEN PHILADELPHIA FOOD SECURITY AND
REPAIR THE WORLD, INC 1460 BROADWAY NEW YORK, NY 10036	36-4524686	501(C)(3)	129,300.	0.			BRIDGE-BUILDING - TO BRIDGE POLITICAL AND
COUNCIL ON AMERICAN-ISLAMIC RELATIONS PHILADELPHIA - 1501 CHERRY STREET - PHILADELPHIA, PA 19102	54-2174614	501(C)(3)	9,700.	0.			DIGITAL STORYTELLING: BUILDING BRIDGES - TO BRIDGE THE CULTURAL DIVIDE WITH STORYTELLING, DAY OF DIGNITY -
CITIES OF ASYLUM PITTSBURGH 1439 DENNISTON STREET PITTSBURGH, PA 15217	20-2810099	501(C)(3)	9,988.	0.			PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
AL MAA 'JUN 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	10,000.	0.			

Schedule I (Form 990)

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
AMANA FOUNDATION 101 MOUNTAIN LAUREL LN MALVERN, PA 19355	52-2226372	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, USDA SUMMER FOOD SERVICE PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED
DeR COMMUNITY AND YOUTH INSTITUTE 2041 BASIE DR MARRERO MARRERO, LA 70072	11-3656636	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, IT SEEKS TO BRING TOGETHER STUDENTS OF ALL FAITHS TRADITIONS IN AN EVENING FORUM FOR A
DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS (DREAM) - P.O. BOX 38152 - DETROIT, MI 48238	46-4246696	501(C)(3)	35,000.	0.			TO IMPROVE THE HEALTH, WELLNESS AND QUALITY OF LIFE BENEFICIARIES THROUGH ACCESS TO MY NEIGHBOR'S KEEPER - PROVIDE RELIEF AND FINANCIAL ASSISTANCE TO THE VICTIMS AND FAMILIES
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVE - PITTSBURGH, PA 15282	53-0196617	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS, LOUISVILLE NEIGHBORS
FUV FOUNDATION 1601 OSPREY DRIVE SUITE 206 DESOTO, TX 75115	27-4684437	501(C)(3)	30,000.	0.			PROJECT - PROJECT AIMS TO ADDRESS THE PROBLEM OF A LACK OF OPPORTUNITY FOR DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
GLOCAL NET, INC 5951 DIXON DR RALEIGH, NC 27609	37-1800334	501(C)(3)	35,000.	0.			LOUISVILLE NEIGHBORS
ISLAMIC SOCIAL SERVICES OF OREGON 10175 SW BARBUR BOULEVARD, SUITE 10 PORTLAND, OR 97219	38-3655438	501(C)(3)	10,000.	0.			PROJECT - PROJECT AIMS TO ADDRESS THE PROBLEM OF A LACK OF OPPORTUNITY FOR DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
KENTUCKY REFUGEE MINISTRIES 969B CHEROKEE RD LOUISVILLE, KY 40204	61-1229842	501(C)(3)	10,000.	0.			LOUISVILLE NEIGHBORS
DALLAS MASJID AL-ISLAM P.O. BOX 150543 DALLAS, TX 77004	75-2941409	501(C)(3)	10,000.	0.			PROJECT - PROJECT AIMS TO ADDRESS THE PROBLEM OF A LACK OF OPPORTUNITY FOR DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM COALITION CONNECTICUT 11 MOUNTAIN AVE BLOOMFIELD, CT 06002	20-3089833	501(C)(3)	10,000.	0.			TO SET UP THE FIRST HALAL FOOD PANTRY IN THE GREATER HARTFORD AREA IN CONNECTICUT IN
MUSLIM FAMILY SERVICES OF COLORADO PO BOX 201645 DENVER, CO 80220	56-2402910	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
MUSLIM SOCIAL SERVICE AGENCY PO BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT (MWIRD) - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	25,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
MUSLIMS4MERCY, INC PO BOX 3193 BROKEN ARROW, OK 74013	82-1872737	501(C)(3)	10,000.	0.			TO WORK WITH COMMUNITIES OF DIFFERENT FAITHS TO HELP STRENGTHEN THE RELATIONS ACROSS
NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 71087	22-2229888	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
RAHMAA INSTITUTE 27200 PARKVIEW BLVD WARREN, MI 48092	45-4828354	501(C)(3)	10,000.	0.			DOMESTIC VIOLENCE AND ANGER PREVENTION TRAINING FOR IMAMS AND SOCIAL WORKERS
SHARE ATLANTA 1352 LARSON CT. ATLANTA, GA 30064	45-0503956	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
SHARE KENTUCKY 4100 SOLBERG LANE LEXINGTON, KY 40514	26-4451642	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,

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.)							(h) Purpose of grant or assistance
(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	
WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE, INC - 414 SWAN ST. - BUFFALO, NY 14204	81-3206062	501(C)(3)	20,000.	0.			TO FACILITATE THE YEARLONG HEALTHY YOUTH PROGRAM WHICH PROVIDES MENTAL HEALTH COUNSELING,
COLLECTIONS & STORIES OF AMERICAN MUSLIM INC (AMERICA'S ISLAMIC HERITAGE MUSEUM) - 2524 ELVANS RD SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
MUSLIM COMMUNITY RESOURCE CENTER (MCRC) - 3611 190TH PLACE SW - LYNNWOOD, WA 98036	20-4423661	501(C)(3)	10,000.	0.			DAY OF DIGNITY - PROVISION OF FOOD, MEDICAL CARE, HYGIENE KITS, CLOTHES, BLANKETS,
SOMALI BANTU COMMUNITY ASSOCIATION OF PITTSBURGH - GLOBAL SWITCHBOARD 305 34TH ST. - PITTSBURGH, PA 15201	47-4777327	501(C)(3)	10,180.	0.			WELCOMING THE STRANGER - BRING GROUPS COMMUNITIES TOGETHER AND FOSTERING DIALOGUE AND CONNECTION
ESSENTIAL PARTNERS 186 ALEWIFE BROOK PARKWAY CAMBRIDGE, MA 02138	22-3432160	501(C)(3)	14,952.	0.			FROM INTERFAITH DIALOGUE TO COMMUNITY SERVICE: EXPANDING CIVIC INFRASTRUCTURE IN HOWARD
HUMBLE BEGINNINGS INC 91-95 BELMONT AVE APT 1-D PATERSON, NJ 07522	32-0363743	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH IN FOCUS - TO FEED HOMELESS PEOPLE ONCE A WEEK IN PATERSON, NEW JERSEY
ISLAMIC MULTI SERVICE ORGANIZATION (IMSO) - 722 SHAWMUT AVENUE - ROXBURY, MA 02119	04-3338801	501(C)(3)	15,000.	0.			FOOD PANTRY PROGRAM - INCREASE THE DISTRIBUTION CAPACITY OF IMSO'S FOOD PANTRY
SHARE INDIANAPOLIS 4088 MILLERSVILLE RD INDIANAPOLIS, IN 46205	26-3114659	501(C)(3)	15,000.	0.			TO DISTRIBUTE FOOD FOR LOW INCOME FAMILIES.
TURNING POINT FOR WOMEN AND FAMILIES - P.O BOX 670086 - FLUSHING, NY 11367	54-2177390	501(C)(3)	15,000.	0.			A YOUTH-DESIGNED ANTI-BULLYING PROJECT THAT WILL BRING TOGETHER YOUTH FROM DIFFERENT

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
CAMP NOAH 2375 COMO AVENUE SAINT PAUL, MN 55108	41-0872993	501(C)(3)	15,000.	0.			CAMP NOAH - TO BRING HOPE AND HEALING TO COMMUNITIES THAT HAVE BEEN IMPACTED BY
PEACE CATALYST INTERNATIONAL 8390 E CRESCENT PKWY STE 500 GREENWOOD VILLAGE, CO 80111	45-4985656	501(C)(3)	16,540.	0.			MULTI-FAITH COMMUNITY SERVICE PROJECT - THROUGH MULTIPLE PROJECTS ACROSS UNITED STATES TO ADDRESS
AMERICAN MUSLIM HEALTH PROFESSIONALS - 2118 PLUM GROVE #201 - ROLLING MEADOWS, IL 60008	71-1013651	501(C)(3)	20,000.	0.			AMHP HEALTH INITIATIVES - IMPROVE THE HEALTH OF INDIVIDUALS WITH DISABILITIES BY PROVIDING
DENVER FOOD RESCUE 135 PARK AVENUE WEST DENVER, CO 80205	46-2096160	501(C)(3)	20,000.	0.			ABARROTOS BONDADOSA - TO PROVIDE HIGHLY COMPETITIVE FOOD COSTS WITH NO ADDITIONAL
MEDINA COMMUNITY CLINIC INC ONE WEST STATE STREET TRENTON, NJ 08608	47-1088145	501(C)(3)	20,000.	0.			HEALTH WITHIN THE WALLS: CARE FOR HISPANICS + UNDERSERVED COMMUNITIES - TO CONNECT THE PATIENTS
TAIBA USA 1109 CONRAD SAUER DR. UNIT D HOUSTON, TX 77043	82-1654140	501(C)(3)	20,000.	0.			SALAM SISTERS MENTORSHIP PROGRAM - TO ADVOCATE FOR INCLUSION OF AT-RISK MUSLIM AMERICAN WOMEN
MUHCEN PO BOX 9486 NAPERVILLE, IL 60567	47-3187591	501(C)(3)	46,710.	0.			MUHCEN MASJID CERTIFICATION PROGRAM - TO ADDRESS THE LACK OF INCLUSIVENESS FOR
STEPS COALITION 11975 SEAWAY RD STE A240 GULFPORT, MS 39503	11-3790429	501(C)(3)	48,530.	0.			BRIDGES OF FAITH - TO PROMOTE RACIAL HEALING AND DISMANTLE NEGATIVE STEREOTYPES THAT HAVE
RELIGIOUS FREEDOM INSTITUTE 1050 30TH ST NW WASHINGTON, DC 20007	81-0983298	501(C)(3)	24,626.	0.			NEW NEIGHBORS AND FREEDOM TO SERVE THOSE IN NEED - TO FOSTER LOCAL ONE-TO-ONE AND SMALL

Schedule I (Form 990)

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
BESPOKEN LIVE 708 WALNUT STREET #750 CINCINNATI, OH 45202	47-5261667	501(C)(3)	25,000.	0.			BESPOKEN LIVE ON CAMPUS: GREATER CINCINNATI REGION - TO EMPOWER A CORE GROUP OF INTERFAITH YOUTH
FOOD BANK OF DELAWARE, INC 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	50,000.	0.			FOOD BANK OF DELAWARE'S BACKPACK PROGRAM - TO PROVIDE CHILDREN AT-RISK OF HUNGER WITH
HOWARD UNIVERSITY FREEDOM SCHOOL 2400 6TH ST NW WASHINGTON, DC 20059	12-2345678	501(C)(3)	25,000.	0.			TO IMPLEMENT THE CHILDREN'S DEFENSE FUND AND FREEDOM SCHOOL WHICH AIMS TO BUILD STRONG,
HUMAN RIGHTS FIRST 75 BROAD STREET NEW YORK, NY 10004	13-3116646	501(C)(3)	25,000.	0.			A DAY OF SERVICE AND FELLOWSHIP - PROVIDE SERVICE TO COMMON CAUSE TO UNITE, TEACH AND HEAL.
INTERFAITH LEADERSHIP COUNCIL OF METROPOLITAN DETROIT - 10821 CAPITAL ST - OAK PARK, MI 48237	27-1572126	501(C)(3)	25,000.	0.			RELIGIOUS DIVERSITY JOURNEYS (RDJ) - PROJECT GATHERS 7TH GRADE STUDENTS AND THEIR SOCIAL
ISLAH LA 2900 WEST SLAUSON AVENUE LOS ANGELES, CA 90043	46-4148013	501(C)(3)	88,400.	0.			ISLAH LA VICTORY-PROGRAM TO IMPROVE THE SOUTH LA COMMUNITY BY PROVIDING LEADERSHIP IN HELPING
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	25,000.	0.			HOPE REFUGEE DROP-IN CENTER'S COMMUNITY HEALTH WORKER OUTREACH - TO CONNECT REFUGEES AND
JUBILEE HOUSING, INC 1640 COLUMBIA RD. NW WASHINGTON, DC 20009	52-0986261	501(C)(3)	25,000.	0.			PLATFORM OF HOPE - TO ADDRESS THE GENTRIFICATION OF RESOURCE RICH
MUSLIM COMMUNITY LINK, INC 215 MOUNTAIN ST E WORCESTER, MA 01606	81-0840289	501(C)(3)	25,000.	0.			BLACK SEED FARMERS MARKET EXPANSION - TO OPEN A SHOP DIRECTLY IN THE LOW-INCOME AND

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
MYGOODDEED DBA 9/11 DAY 5151 CALIFORNIA AVENUE IRVINE, CA 92617	45-0491886	501(C)(3)	25,000.	0.			9/11 DAY MEAL PACK FOR NYC HUNGER RELIEF - TO TRANSFORM 9/11 INTO A DAY OF UNITY, EMPATHY AND ACTIVATING PEOPLE TO PURSUE LIFESTYLE CHANGE THROUGH EMPOWERMENT - TO PROVIDE PSYCHOLOGICAL TO PROVIDE A SAFETY NET FOR MANY FAMILIES WHO ARE IN NEED OF FOOD ASSISTANCE
SAPNA NYC 2348 WATERBURY AVE BRONX, NY 10462	26-3124969	501(C)(3)	25,000.	0.			INTERFAITH RELIGIOUS FREEDOM AND BUSINESS INITIATIVE - TO CULTIVATE A RENEWED, HEALTHIER, AND BREAKING BREAD AND BUILDING BRIDGES - PROMOTE COMMUNITY COHERENCE THROUGH SHARED MIDWEST CONSORTIUM ON CITIZENSHIP AND HUMAN RIGHTS - DEVELOP NEW PROGRAMMING AROUND EMPOWERING ADULTS FOR FAMILIES TO REACH THEIR FULL POTENTIAL - TO HELP REFUGEE FAMILIES BECOME NOOR FAMILY SERVICES CORPORATION-ASSISTANCE FOR DOMESTIC VIOLENCE SURVIVORS
THE AMITY FOUNDATION P.O. BOX 1053 DEARBORN HEIGHTS, MI 48127	47-4368843	501(C)(3)	25,000.	0.			FINANCIAL AID ASSISTANCE PROGRAM - TO PROVIDE FINANCIAL AND CASE MANAGEMENT SUPPORT TO
RELIGIOUS FREEDOM AND BUSINESS FOUNDATION - 1A PERRY CIRCLE - ANNAPOLIS, MD 21402	46-4626031	501(C)(3)	25,000.	0.			
UNITED TASTES OF AMERICA (BNAI KESHAT) - 22 MOUNTAINVIEW TER - MAPLEWOOD, NJ 07040	82-2935025	501(C)(3)	25,000.	0.			
PURDUE UNIVERSITY (INSTITUTE FOR HOLOCAUST AND GENOCIDE STUDIES) - C/O COMMUNICATIONS DEPARTMENT NF 230 2101 COLLESIUM BLVD E - FORT	35-6002041	501(C)(3)	25,000.	0.			
NORTH SIDE LEARNING CENTER OF SYRACUSE INC - 501 PARK STREET - SYRACUSE, NY 13203	27-1357086	501(C)(3)	27,200.	0.			
NOOR FAMILY SERVICES CORPORATION PO BOX 3803 ALPHARETTA, GA 30023	81-2563539	501(C)(3)	30,000.	0.			
SYRIAN COMMUNITY NETWORK, INC - ATLANTA - 205 INWOOD TERRACE - ROSWELL, GA 30075	47-3105667	501(C)(3)	30,000.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BUILDING BLOCKS OF ISLAM 716 PALISADE AVE UNION CITY, NJ 07087	27-3646101	501(C)(3)	30,000.	0.			BENJ FOOD PANTRY - RELIEF AND RECOVERY SCHOOL FEEDING INITIATIVE
HELP BUILD TOMORROW 2121 EISENHOWER AVENUE, SUITE #202 ALEXANDRIA, VA 22314	81-4604067	501(C)(3)	31,000.	0.			TO OFFER ENGLISH LANGUAGE COURSES TO WOMEN LIVING IN DMV AREA. THIS WILL HELP THEM TO CONNECT AND
WESLEY HOUSING DEVELOPMENT CORPORATION - 5515 CHEROKEE AVENUE - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	133,000.	0.			FOOD PANTRY PROGRAM - TO CONTINUE OFFERING THE GIVING GRAIN PROGRAM'S BI-MONTHLY DISTRIBUTION TO SUPPLEMENT ACADEMIC
SYLVESTER BROOME EMPOWERMENT VILLAGE (SBEV) - 4119 NORTH SAGINAW ST - FLINT, MI 48503	47-5271086	501(C)(3)	67,000.	0.			ENRICHMENT PROGRAMS FOR MIDDLE SCHOOL STUDENTS WHO ARE AT AN
MUSLIM HOUSING SERVICES 6727 RAINIER AVE S #26 SEATTLE, WA 98118	91-1987910	501(C)(3)	35,000.	0.			KING COUNTY HOMELESSNESS PREVENTION - TO PROVIDE CASE MANAGEMENT SERVICE TO FAMILIES IN SOUTH KING
TA'LEEF COLLECTIVE 43170 OSGOOD RD FREMONT, CA 94539	72-1528691	501(C)(3)	35,000.	0.			TA'LEEF COLLECTIVE ZAKAT - TO PROVIDE HOLISTIC SUPPORT TO BENEFICIARIES THAT ARE STRUGGLING AND HARVEY RECOVERY CARE
ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES - 6440 HILLCROFT AVE., SUITE #411 - HOUSTON, TX 77081	76-0171217	501(C)(3)	40,000.	0.			PROJECT - TO ASSIST THE HURRICANE HARVEY AFFECTED UNDERSERVED REFUGEE
MASJID AT TAQWA 1266 BEDFORD AVENUE BROOKLYN, NY 11216	11-3004202	501(C)(3)	40,000.	0.			TO PROVIDE A TEMPORARY ALLEVIATION FROM ANY GIVEN COMMON FINANCIAL BURDEN THAT AFFECTS THE
MUSLIM AMERICAN SOCIETY OF CHARLOTTE - 4301 SHAMROCK DRIVE BOX 3 - CHARLOTTE, NC 28215	20-5800179	501(C)(3)	48,940.	0.			CHARLOTTE FOOD SUPPLEMENT PROGRAM - TO PROVIDE FULLY COOKED MEALS AND PANTRY PACKAGES FOR LOW

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
SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE STE 203 SAN DIEGO, CA 92105	91-2065038	501(C)(3)	99,970.	0.			REFUGEE INTEGRATION - TO ACCULTURATE REFUGEES, ASYLUMS AND OTHER LOW-INCOME IMMIGRANTS IN CHILD DEVELOPMENT
AMERICAN ARAB & MUSLIM LEADERSHIP COUNCIL - 3601 PELHAM ST - DEARBORN, MI 48124	43-4329751	501(C)(3)	50,000.	0.			ASSOCIATE TRAINING & LICENSING - TO LAUNCH CHILD DEVELOPMENT
ARAB AMERICAN ASSOCIATION OF NY 7111 5TH AVENUE BROOKLYN, NY 11220	11-3604756	501(C)(3)	50,000.	0.			EMPOWERING VULNERABLE PERSONS THROUGH ASSISTANCE & PERSONAL DEVELOPMENT PLANS - TO SUMMER FOOD SERVICE
MASJID AN-NUR 1729 LYNDAL AVE MINNEAPOLIS, MN 55411	41-1447904	501(C)(3)	50,000.	0.			PROGRAM: ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED SUSTAINABLE
RADIANT HANDS 6914 E. FOWLER AVE. TEMPLE TERRACE, FL 33617	20-2966567	501(C)(3)	50,000.	0.			SELF-DEPENDENCY - TO PROVIDE EMPLOYMENT, HOUSING, AND MEDICAL AND LANGUAGE SERVICES FOR ENGLISH LANGUAGE LEARNERS - PROVIDE ENGLISH LANGUAGE TRAINING TO
READING CONNECTIONS, INC 122 N ELM STREET SUITE 920 GREENSBORO, NC 27401	56-1726754	501(C)(3)	60,000.	0.			LIONS CLUB INTERNATIONAL
LIONS CLUB INTERNATIONAL FOUNDATION - 300 W 22ND ST - OAK BROOK, IL 60523	23-7030455	501(C)(3)	75,000.	0.			PUERTO RICO RESPONSE - DISTRIBUTE FOOD BOXES TO THE VICTIMS OF THE
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE ROANOKE, VA 24016	54-0535302	501(C)(3)	80,000.	0.			RYSE: REHOUSING YOUTH FOR SUCCESS IN EDUCATION - TO ASSIST THE STUDENTS WHO ARE FACING HOMELESSNESS SUPPORTING TOMORROW:
THE FAMILY & YOUTH INSTITUTE 42807 FORD RD #203 CANTON, MI 48187	20-4097808	501(C)(3)	98,000.	0.			EXAMINING THE NEEDS OF AMERICAN MUSLIM YOUTH - TO PROVIDE COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAMIC SOCIETY OF BALTIMORE 6631 JOHNNYCAKE ROAD BALTIMORE, MD 21244	23-7043516	501(C)(3)	100,000.	0.			IMPROVING HEALTH AND WELLNESS - TO EXPAND THE HEALTH CLINIC OF ISLAMIC SOCIETY OF BALTIMORE BY CONTINUING TO EXPAND CLIENT IMPACT - TO UNDERTAKE A COMPREHENSIVE STRATEGY IN SERVING TO HELP THE MEMBERS OF COMMUNITY WHO ARE MAINLY NEW REFUGEES AND IMMIGRANTS IN DIRE NEED
WAFIA HOUSE INC PO BOX 2102 CLIFTON, NJ 07015	20-0845890	501(C)(3)	130,000.	0.			REFUGEE WOMEN'S EMPOWERMENT GROUP - TO INTEGRATE FEMALE REFUGEES TO AMERICAN LIFE BY TOOLS AND INFORMATION FOR THE LIVES OF CHILDREN ON THE MOVE. - IT ENABLES CAREGIVERS TO USE AN APP MIGRATION AND REFUGEE SERVICES UNITES FAMILIES PROJECT - TO IMPLEMENT A NATIONAL FAMILY CASE
DAR AL HIJRAH 3159 ROW ST FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	137,054.	0.			RAMADAN FOOD PANTRY - TO DISTRIBUTE BAG OF STAPLE FOOD ITEMS TO FAMILIES IN NEED DURING THE MONTH OF HURRICANE HARVEY RELIEF
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN ST. - HOUSTON, TX 77002	74-1488102	501(C)(3)	162,119.	0.			FUND - TO PROVIDE RELIEF AND FINANCIAL SUPPORT TO THE VICTIMS OF HURRICANE THE TOGETHER PROJECT: WORKING TOGETHER TO PRESERVE SPACE FOR CIVIL SOCIETY
COLUMBIA UNIVERSITY - NATIONAL CENTER FOR DISASTER PREPAREDNESS - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087	13-5598093	501(C)(3)	250,000.	0.			
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH STREET NE - WASHINGTON, DC 20017	53-0196617	501(C)(3)	250,000.	0.			
FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP (FAITH) - 795 CENTER ST - HERNDON, VA 20170	54-1961618	501(C)(3)	5,996.	0.			
GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DR SUITE 6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	50,000.	0.			
INTERACTION: THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION - 1400 16TH STREET, NW - WASHINGTON, DC 20036	13-3287064	501(C)(3)	56,069.	0.			

Schedule I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals.
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 FOR CALIFORNIA CARR FIRE RESPONSE	846	189,750.	0.		
PAYMENT FOR EXAMINATION FEE TO ALLOW BENEFICIARY TO EARN A LIVELIHOOD	3	0.	149.	INVOICE	CERTIFICATION FEE
PURCHASE OF COATS, HYGIENE AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	15188	0.	366,255.	INVOICE	COATS, HYGIENE KITS, SCHOOL KITS
PURCHASE OF FOOD FOR MEAL PACKOUTS	220	0.	4,641.	INVOICE	FOOD
PURCHASE OF FOOD ITEMS FOR MEAL PREPARATION FOR UNDER SERVED POPULATIONS	255	0.	5,283.	INVOICE	FOOD

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

1. IRUSA ALSO 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
PURCHASE OF MEAT FOR QURBANI	14,458.	0.	261,212.	INVOICE	FOOD
PURCHASES OF TURKEYS FOR THANKSGIVING DISTRIBUTION	2,500.	0.	59,325.	INVOICE	FOOD
RAMADAN FOOD PACKAGES	14,429.	0.	257,429.	INVOICE	FOOD
FOOD PACKAGE FOR UNDER SERVED POPULATIONS	10,358.	0.	158,980.	INVOICE	FOOD
PURCHASE OF FOOD AND HYGIENE ITEMS FOR UNDER SERVED POPULATIONS	1,500.	0.	18,083.	INVOICE	FOOD AND HYGIENE ITEMS
PURCHASE OF FOOD ITEMS AND SUPPLIES FOR MEAL PREPARATION FOR UNDERSERVED POPULATIONS	153.	0.	3,954.	INVOICE	FOOD AND SUPPLIES
PURCHASE OF FOOD ITEMS AND SUPPLIES FOR RAMADAN FOOD BOX DISTRIBUTION	60.	0.	1,165.	INVOICE	FOOD AND SUPPLIES
PURCHASE OF HYGIENE RELATED ITEMS FOR MLK DAY	115.	0.	2,716.	INVOICE	HYGIENE ITEMS
RENTAL ASSISTANCE TO US BASED REFUGEE POPULATIONS	253.	0.	300,000.	INVOICE	RENTAL ASSISTANCE

Schedule I (Form 990)

Part IV Supplemental Information

RELEASE OF GRANT FUNDS.

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

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

4. THE PROGRAMS DEPARTMENT MAINTAINS CONTACT WITH THE GRANTEE THROUGHOUT

THE LIFE OF THE PROJECT TO ENSURE THAT THE GRANTEE SUBMITS THE REQUIRED
PROGRAM AND FINANCIAL REPORTS IN ACCORDANCE WITH THE REPORTING SCHEDULE.

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

THE PROGRAMS DEPARTMENT REVIEWS THE DOMESTIC GRANT REPORT FORMS TO CONFIRM
THAT THEY CONTAIN THE NECESSARY INFORMATION.

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

CAREFULLY REVIEWS THE DOMESTIC GRANT REPORT FORMS TO ENSURE THAT GRANT
FUNDS WERE USED SOLELY FOR THE PURPOSES DESCRIBED IN THE GRANTEE'S GRANT
APPLICATION.

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

FINANCIAL REPORTS, THE PROGRAMS DEPARTMENT IMMEDIATELY SEEKS CLARIFICATION
OF SUCH DISCREPANCY FROM THE GRANTEE. IF THE GRANTEE FAILS TO PROVIDE AN
ADEQUATE EXPLANATION OF THE DISCREPANCY WITHIN THIRTY (30) DAYS, THE
FINANCE DEPARTMENT INVOKES IRUSA'S CONTRACTUAL RIGHT TO CONDUCT A
COMPREHENSIVE AUDIT OF THE GRANT.

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

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

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

WINSTON-SALEM STATE UNIVERSITY FOUNDATION, INC.

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

CONTINUING ENRICHMENT GRANT - EXPAND AND IMPROVE THE PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY SERVICES AT THE COMMUNITY CARE CENTER. COMMUNITY
CARE CLINIC OT AND PT SUSTAINABILITY - EXPAND AND IMPROVE THE PHYSICAL
THERAPY AND OCCUPATIONAL THERAPY SERVICES AT THE COMMUNITY CARE CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED PLANNING ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RE-ENTRY ON JOB PLANNING - TO

PROVIDE SUPPORT FOR EXPENSES INCLUDING TRANSPORTATION, UNIFORM/CLOTHES,
TOOLS, LUNCH AND ANY OTHER COST ASSOCIATED WITH MAINTAINING ON THE JOB
TRAINING IN ORDER TO LEAD THE INDIVIDUALS ON THE PATH TO
SELF-SUFFICIENCY. 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:

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS (USCRI)

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ONE COMMUNITY GARDEN PROJECT -
TO BROADEN AND DIVERSIFY ACCESS TO ITS LOCAL GARDEN TO ENABLE

Part IV Supplemental Information

OPPORTUNITIES FOR ENHANCED REFUGEE AND COMMUNITY ENGAGEMENT AND TO

PROMOTE SUSTAINABLE FOOD PRODUCTION, HEALTHY EATING, AND ENVIRONMENTAL

STEWARDSHIP. YOUTH EMPOWERMENT SERVICES - TO ADDRESS ISSUES OF

MARGINALIZATION, ISOLATION, AND DISCRIMINATION THROUGH A PEER-TO-PEER

ENGAGEMENT PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: AL INSHIRAH ISLAMIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMER LUNCH PROGRAM - TO HELP

CHILDREN IN NEED BY PROVIDING THEM WITH LIFE SKILLS CLASS, READING AND

WRITING COURSES, AND PROVIDE THE PARTICIPANTS WITH MEANINGFUL ACTIVITIES

TO KEEP THEM ENGAGED DURING THE SUMMER. 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-MAUN (NEIGHBORLY NEEDS)

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

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION. 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: SAHABA INITIATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: RAMADAN FOOD PANTRY - TO PROVIDE

FOOD PACKAGES TO FAMILIES AND HOMELESS PEOPLE. TO PROVIDE ZAKAT

ASSISTANCE AND CASE MANAGEMENT TO FAMILIES WHO ARE STRUGGLING TO MANAGE

THEIR PAYMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: THE MOSQUE FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RAMADAN FOOD PANTRY - TO DISTRIBUTE

A PREPACKED NON PERISHABLE BAG OF GROCERIES AS WELL AS FRESH PRODUCE AND
MEAT OR POULTRY.

NAME OF ORGANIZATION OR GOVERNMENT: ZAMAN INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: RAMADAN FOOD PANTRY - TO PROVIDE

SUPPLEMENTAL FOOD TO THEIR CLIENTS. THE CLIENTS RECEIVE A PANTRY VOUCHER
INDICATING THEIR POUND ALLOTMENT BASED ON FAMILY SIZE AND FRESH PRODUCE.

NAME OF ORGANIZATION OR GOVERNMENT:

VILLAGE OF CHAMPIONS YOUTH NETWORK, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: VILLAGE OF CHAMPIONS BUILDING

BRIDGES PROJECT - TO BRIDGE BRIDGES BETWEEN DIFFERENT MUSLIM COMMUNITIES
TO BUILD A STRONGER COHESIVE ISLAMIC COMMUNITY FOR ALL RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: GREEN MUSLIMS

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERFAITH LEARNING AND ACTION:

EXPLORING WHY NATURE MATTERS TO US - TO ADDRESS THE LACK OF ENVIRONMENTAL
AWARENESS AND ACTIVISM AMONG RELIGIOUS COMMUNITIES AND THE NEED FOR A
BROADER SCOPE OF INTERFAITH WORK THAT INVOLVES PEOPLE OF VARIOUS FAITH
GROUPS WORKING TOGETHER.

NAME OF ORGANIZATION OR GOVERNMENT: REPAIR THE WORLD, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TULSA MULTI-FAITH ENGAGEMENT PROJECT

- TO FOSTER COMMUNITY AND BUILD TRUST BETWEEN COMMUNITIES THAT HAVE NOT

TRADITIONALLY WORKED TOGETHER WITHIN THE TYPICAL INTERFAITH MODEL. UTAH

MULTI-FAITH ENGAGEMENT PROJECT - TO BRING COMMUNITIES TOGETHER TO ADDRESS
POVERTY AND HOMELESSNESS ISSUES, BUILD RELATIONSHIPS AND BETTER

Part IV Supplemental Information

UNDERSTAND EACH OTHER'S FAITHS. FIGHTING FOR A CHARLOTTESVILLE FOR ALL
OF US - AIM TO GATHER A GROUP OF 7 - 10 FAITH AND LAY-LEADERS FROM
DIFFERENT COMMUNITIES TO BUILD RELATIONSHIPS THROUGH JOINT SERVICE
PROJECTS, MEALS AND CONVERSATIONS. ONE AMERICAN WEST VIRGINIA - BRING
PEOPLE TOGETHER TO ADDRESS ISSUES RELATED TO DIVISIVENESS & OPIOIDS TO
FIND SOLUTIONS. ONE AMERICA PUERTO RICO/HOUSTON - DEPOLARIZING PAIN - TO
BRING PEOPLE TOGETHER ACROSS DIVIDES TO HEAL THEIR COMMUNITIES FROM THE
DAMAGE INFLICTED BY HURRICANE MARIA AND HURRICANE HARVEY. THE ONE AMERICA
MOVEMENT - TO BRING AMERICANS TOGETHER ACROSS RELIGIOUS, POLITICAL,
CULTURAL & RACIAL DIVIDES TO WORK TOGETHER

NAME OF ORGANIZATION OR GOVERNMENT:

COUNCIL ON AMERICAN-ISLAMIC RELATIONS PHILADELPHIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PHILADELPHIA FOOD SECURITY AND
BRIDGE-BUILDING - TO BRIDGE POLITICAL AND RELIGIOUS DIVIDES IN OUR
COMMUNITY AND SERVE SIDE-BY-SIDE TO FIGHT FOOD INSECURITY.

NAME OF ORGANIZATION OR GOVERNMENT: CITIES OF ASYLUM PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: DIGITAL STORYTELLING: BUILDING
BRIDGES - TO BRIDGE THE CULTURAL DIVIDE WITH STORYTELLING, PROVIDING
OPPORTUNITIES FOR SELF-EXPRESSION, MUTUAL UNDERSTANDING, AND ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: AL MAA'UUN

(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

Part IV Supplemental Information

(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: D&R COMMUNITY AND YOUTH INSTITUTE

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

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION.

NAME OF ORGANIZATION OR GOVERNMENT:

DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS (DREAM)

(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. NEIGHBORHOOD LIGHT WALK & PARK -

TRANSFORM THE NEIGHBORHOOD WITH AN ALLEY MAKEOVER AND SMALL PARK

INSTALLATION PROJECT. UNITE THE COMMUNITY MEMBERS THROUGH ACTS OF GOOD

WORK AND BUILDING RESPECT BETWEEN FAITHS.

NAME OF ORGANIZATION OR GOVERNMENT:

DUQUESNE UNIVERSITY OF THE HOLY SPIRIT

(H) PURPOSE OF GRANT OR ASSISTANCE: IT SEEKS TO BRING TOGETHER STUDENTS

OF ALL FAITHS TRADITIONS IN AN EVENING FORUM FOR A INTERFAITH AND

INTERCULTURAL GATHERING TO STRENGTHEN RELATIONSHIPS AND BUILD BRIDGES OF

FRIENDSHIP AMONG THE STUDENT RELIGIOUS AND CULTURAL GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: FJV FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE HEALTH, WELLNESS AND

QUALITY OF LIFE BENEFICIARIES THROUGH ACCESS TO AFFORDABLE AND LOCALLY

Part IV Supplemental Information

GROWN FRESH FRUITS AND VEGETABLES. SUMMER FOOD SERVICE PROGRAM - ENSURE

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

MEALS DURING THE SUMMER MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: GLOCAL NET, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: MY NEIGHBOR'S KEEPER - PROVIDE

RELIEF AND FINANCIAL ASSISTANCE TO THE VICTIMS AND FAMILIES OF THE

HORRIFIC SUTHERLAND SPRINGS MASS SHOOTING. NEIGHBORLY FAITH FELLOWS - TO

CULTIVATE A RENEWED, HEALTHIER, AND MORE VIGOROUS PRIVATE SECTOR

DEDICATED TO RELIGIOUS DIVERSITY AND INCLUSION.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SOCIAL SERVICES OF OREGON

(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: KENTUCKY REFUGEE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: LOUISVILLE NEIGHBORS PROJECT -

PROJECT AIMS TO ADDRESS THE PROBLEM OF A LACK OF OPPORTUNITY FOR GENUINE

CONNECTION ACROSS FAITH AND CULTURAL DIVIDES THROUGH OUTREACH ACTIVITIES.

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.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM COALITION CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SET UP THE FIRST HALAL FOOD

Part IV Supplemental Information

PANTRY IN THE GREATER HARTFORD AREA IN CONNECTICUT IN PARTNERSHIP WITH

THE HANDS ON HARTFORD

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.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICE AGENCY

(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: DAY OF DIGNITY - PROVISION OF FOOD,

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

HOMELESS AND UNDERSERVED POPULATIONS. TO DEVELOP A PROGRAM THAT SUPPORTS

DOMESTIC VIOLENCE AWARENESS AND PREVENTION IN THE HIGHBRIDGE COMMUNITY OF

BRONX.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIMS4MERCY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK WITH COMMUNITIES OF

DIFFERENT FAITHS TO HELP STRENGTHEN THE RELATIONS ACROSS COMMUNITIES AND

PROVIDE ASSISTANCE TO THOSE WHO NEED IT THE MOST.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER

Part IV Supplemental Information

(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: 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: SHARE KENTUCKY

(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:

WESTERN NEW YORK YOUTH MUSLIM BASKETBALL LEAGUE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE THE YEARLONG HEALTHY
YOUTH PROGRAM WHICH PROVIDES MENTAL HEALTH COUNSELING, COMMUNITY
SERVICES, AND ACADEMIC TUTORING FOR UNDERSERVED YOUTH. THIS PROGRAM WILL
BE LED BY QUALIFIED ADULTS WHO WILL MENTOR YOUTH AND SHARE THEIR OWN
EXPERIENCES, IN PURSUIT OF ESTABLISHING AN OPEN COMMUNITY OF DIALOGUE AND
GROWTH. TO PROVIDE HEALTHCARE, SHELTER, AND PERSONAL DEVELOPMENT
RESOURCES TO WESTERN NEW YORK INDIGENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

COLLECTIONS & STORIES OF AMERICAN MUSLIM INC (AMERICA'S ISLAMIC HERITAGE MUS

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

Part IV Supplemental Information

HOMELESS AND UNDERSERVED POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

MUSLIM COMMUNITY RESOURCE CENTER (MCRC)

(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 BANTU COMMUNITY ASSOCIATION OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: WELCOMING THE STRANGER - BRING

GROUPS COMMUNITIES TOGETHER AND FOSTERING DIALOGUE AND CONNECTION THROUGH

THE TELLING, WITNESSING AND HONORING OF OUR LIFE EXPERIENCES TO EASE THE

INTEGRATION PROCESS, BREAK DOWN BARRIERS, REDUCE FEAR, FOSTER A SENSE OF

BELONGING AND OPEN DOORS TO OPPORTUNITIES FOR YOUTH TO BECOME ENGAGE

MEMBERS OF THE BROADER COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ESSENTIAL PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FROM INTERFAITH DIALOGUE TO

COMMUNITY SERVICE: EXPANDING CIVIC INFRASTRUCTURE IN HOWARD COUNTY,

MARYLAND

NAME OF ORGANIZATION OR GOVERNMENT: HUMBLE BEGINNINGS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY OUTREACH IN FOCUS - TO

FEED HOMELESS PEOPLE ONCE A WEEK IN PATERSON, NEW JERSEY AREA.

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT FOR WOMEN AND FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: A YOUTH-DESIGNED ANTI-BULLYING

Part IV Supplemental Information

PROJECT THAT WILL BRING TOGETHER YOUTH FROM DIFFERENT COMMUNITIES TO

PROMOTE COMMUNITY COHESION AND GREATER UNDERSTANDING AND RESPECT ACROSS

FAITHS, NATIONAL ORIGINS, RACE, GENDER, SEXUAL ORIENTATION AND

IMMIGRATION STATUS

NAME OF ORGANIZATION OR GOVERNMENT: CAMP NOAH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP NOAH - TO BRING HOPE AND

HEALING TO COMMUNITIES THAT HAVE BEEN IMPACTED BY DISASTER. TO SERVICE

DISASTER-IMPACTED CHILDREN AND FAMILIES BY BUILDING RESILIENCY, RESTORING

HOPE, AND CHANGING LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: PEACE CATALYST INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: MULTI-FAITH COMMUNITY SERVICE

PROJECT - THROUGH MULTIPLE PROJECTS ACROSS UNITED STATES TO ADDRESS THE

CHALLENGES FACING THEIR INDIVIDUAL COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN MUSLIM HEALTH PROFESSIONALS

(H) PURPOSE OF GRANT OR ASSISTANCE: AMHP HEALTH INITIATIVES - IMPROVE

THE HEALTH OF INDIVIDUALS WITH DISABILITIES BY PROVIDING THEM WITH ACCESS

TO RESOURCES TO ASSIST THEM AND THAT ARE MOST CLOSELY RELATED TO THEIR

OWN EXPERIENCES.

NAME OF ORGANIZATION OR GOVERNMENT: DENVER FOOD RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: ABARROTES BONDADOSA - TO PROVIDE

HIGHLY COMPETITIVE FOOD COSTS WITH NO ADDITIONAL DELIVERY FEE FOR MOST

CUSTOMERS WITH THE FLEXIBILITY OF BILINGUAL GROCERY DELIVERY SERVICE,

ACCEPTANCE OF ORDER OVER THE PHONE, AND DELIVERY OF FOOD PURCHASED WITH

SNAP TO PERSONS WITH DISABILITIES AND THE ELDERLY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MEDINA COMMUNITY CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH WITHIN THE WALLS: CARE FOR

HISPANICS + UNDERSERVED COMMUNITIES - TO CONNECT THE PATIENTS WITH NO

HEALTH INSURANCE WITH THE FEDERALLY QUALIFIED HEALTH CLINICS, CHARITY

CARE DEPARTMENTS, AND PRIVATE PRACTICE SPECIALTY PHYSICIANS TO RECEIVE

HIGH QUALITY PRIMARY AND PREVENTIVE CARE AT NO COST.

NAME OF ORGANIZATION OR GOVERNMENT: TAIBA USA

(H) PURPOSE OF GRANT OR ASSISTANCE: SALAM SISTERS MENTORSHIP PROGRAM -

TO ADVOCATE FOR INCLUSION OF AT-RISK MUSLIM AMERICAN WOMEN THROUGH A

MENTORSHIP FORUM WHERE INTERESTED PARTICIPANTS MEET AND CONNECT WITH ONE

ANOTHER IN PERSON AND ONLINE.

NAME OF ORGANIZATION OR GOVERNMENT: MUHSEN

(H) PURPOSE OF GRANT OR ASSISTANCE: MUHSEN MASJID CERTIFICATION PROGRAM

- TO ADDRESS THE LACK OF INCLUSIVENESS FOR INDIVIDUALS WITH DISABILITIES

IN MUSLIM COMMUNITIES BY INCREASING AWARENESS ABOUT DISABILITIES AT

MASJIDS AND AMONG MUSLIM COMMUNITIES THROUGH WORKSHOPS AND PANEL

DISCUSSIONS. TO FOSTER A MORE INCLUSIVE ENVIRONMENT FOR INDIVIDUALS WITH

DISABILITIES IN MUSLIM COMMUNITIES, THROUGH THE PROVISION OF SERVICES,

ACCOMMODATIONS, AND IMPLEMENTATION OF SUPPORT SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: STEPS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGES OF FAITH - TO PROMOTE RACIAL

HEALING AND DISMANTLE NEGATIVE STEREOTYPES THAT HAVE CREATED DISPARITIES

IN ACCESS TO QUALITY EDUCATION, EMPLOYMENT, SAFE NEIGHBORHOODS, HOUSING

AND HEALTHCARE. STEPS COALITION-AFRICAN AMERICAN AND VIETNAMESE SMALL

Part IV Supplemental Information

BUSINESSES - TO IMPROVE THE FINANCIAL STABILITY OF VIETNAMESE AND AFRICAN

AMERICAN FISHER-FOLKS AND SEAFOOD INDUSTRY BUSINESS OWNERS AFFECTED BY

THE BRITISH PETROLEUM OIL SPILL.

NAME OF ORGANIZATION OR GOVERNMENT: RELIGIOUS FREEDOM INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW NEIGHBORS AND FREEDOM TO SERVE

THOSE IN NEED - TO FOSTER LOCAL ONE-TO-ONE AND SMALL GROUP RELATIONSHIPS

BETWEEN DIFFERENT RELIGIOUS COMMUNITIES THROUGH JOINT PARTICIPATION IN

SERVICE EVENTS AND MEAL-SHARING TO TAKE THE RELATIONSHIP BUILDING A STEP

FURTHER.

NAME OF ORGANIZATION OR GOVERNMENT: BESPOKEN LIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: BESPOKEN LIVE ON CAMPUS: GREATER

CINCINNATI REGION - TO EMPOWER A CORE GROUP OF INTERFAITH YOUTH LEADERS,

EQUIPPED WITH STORIES OF SELF AND FRIENDS, TO RADIATE HOPE AND

UNDERSTANDING IN THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: FOOD BANK OF DELAWARE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD BANK OF DELAWARE'S BACKPACK

PROGRAM - TO PROVIDE CHILDREN AT-RISK OF HUNGER WITH EASY-TO-PREPARE

NUTRITIOUS FOOD FOR CONSUMPTION AT HOME. SUMMER FOOD SERVICE PROGRAM:

ENSURE THAT CHILDREN IN LOW-INCOME AREAS HAVE CONTINUED ACCESS TO

NUTRITIOUS MEALS DURING THE LONG SUMMER VACATION.

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD UNIVERSITY FREEDOM SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT THE CHILDREN'S DEFENSE

FUND AND FREEDOM SCHOOL WHICH AIMS TO BUILD STRONG, LITERATE, AND

EMPOWERED CHILDREN PREPARED TO MAKE A DIFFERENCE IN THEMSELVES, THEIR

Part IV Supplemental Information

FAMILIES, COMMUNITIES, NATION, AND WORLD TODAY.

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN RIGHTS FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: A DAY OF SERVICE AND FELLOWSHIP -

PROVIDE SERVICE TO COMMON CAUSE TO UNITE, TEACH AND HEAL. THROUGH SERVICE

SUCH AS MLK DAY, THEY AIM TO PUSH BACK AGAINST ISLAMAPHOBIC NARRATIVES

AND CHAMPION DIGNITY AND RESPECT.

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH LEADERSHIP COUNCIL OF METROPOLITAN DETROIT

(H) PURPOSE OF GRANT OR ASSISTANCE: RELIGIOUS DIVERSITY JOURNEYS (RDJ) -

PROJECT GATHERS 7TH GRADE STUDENTS AND THEIR SOCIAL STUDIES TEACHERS, FOR

A MONTHLY JOURNEY TO A SYNAGOGUE, MOSQUE, TEMPLE OR CHURCH. THE STUDENTS

GAIN AN OPPORTUNITY TO MEET CLERGY LEADERS AND VOLUNTEER COMMUNITY

LEADERS, LEARN ABOUT A FAITH'S HISTORICAL ROOTS AND STORIES OF AMERICAN

INTEGRATION AND SHARE A DAY-LONG IMMERSIVE EDUCATIONAL EXPERIENCE FOCUSED

ON THE SHARED VALUES AND RICH DIVERSITY OF FAITH AND CULTURE.

NAME OF ORGANIZATION OR GOVERNMENT: ISLAH LA

(H) PURPOSE OF GRANT OR ASSISTANCE: ISLAH LA VICTORY-PROGRAM TO IMPROVE

THE SOUTH LA COMMUNITY BY PROVIDING LEADERSHIP IN HELPING SOLVE PROBLEMS

IN THE COMMUNITY TO MAKE IT A BETTER PLACE TO LIVE. TO ENSURE THE REGULAR

DISTRIBUTION OF HEALTHY AND NOURISHING FOOD CHOICES TO A LOW-INCOME

COMMUNITY OTHERWISE BESIEGED BY LACK OF RESOURCES. FOOD PANTRY - TO

MITIGATE FOOD INSECURITY FOR CHILDREN AND THEIR FAMILIES IN SOUTH LOS

ANGELES.

NAME OF ORGANIZATION OR GOVERNMENT: JERICHO ROAD COMMUNITY HEALTH CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HOPE REFUGEE DROP-IN CENTER'S

COMMUNITY HEALTH WORKER OUTREACH - TO CONNECT REFUGEES AND SECONDARY

MIGRANT REFUGEE FAMILIES TO NEEDED PRIMARY CARE

NAME OF ORGANIZATION OR GOVERNMENT: JUBILEE HOUSING, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PLATFORM OF HOPE - TO ADDRESS THE

GENTRIFICATION OF RESOURCE RICH COMMUNITIES, THE STRUCTURAL BARRIERS THAT

PREVENT LOW-INCOME

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM COMMUNITY LINK, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BLACK SEED FARMERS MARKET EXPANSION

- TO OPEN A SHOP DIRECTLY IN THE LOW-INCOME AND LESS-ACCESSIBLE

COMMUNITIES, OFFERING EDUCATIONAL PROGRAM TO COMMUNITY MEMBERS ABOUT THE

SOCIAL SERVICE RESOURCES SUCH AS SNAP AND HIP PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: MYGOODDEED DBA 9/11 DAY

(H) PURPOSE OF GRANT OR ASSISTANCE: 9/11 DAY MEAL PACK FOR NYC HUNGER

RELIEF - TO TRANSFORM 9/11 INTO A DAY OF UNITY, EMPATHY AND SERVICE AS AN

ENDURING AND POSITIVE TRIBUTE TO THOSE LOST AND INJURED ON 9/11, AND THE

MANY WHO ROSE IN SERVICE IN RESPONSE TO THE ATTACKS, INCLUDING FIRST

RESPONDERS, RECOVERY WORKERS, VOLUNTEERS AND MEMBERS OF OUR MILITARY.

NAME OF ORGANIZATION OR GOVERNMENT: SAPNA NYC

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTIVATING PEOPLE TO PURSUE

LIFESTYLE CHANGE THROUGH EMPOWERMENT - TO PROVIDE PSYCHOLOGICAL

EMPOWERMENT TO 30 BANGLADESHI IMMIGRANT WOMEN BY PROVIDING INTENSIVE

WEIGHT LOSS EDUCATION AND GROUP SUPPORT THROUGH A CULTURALLY COMPETENT,

WOMAN CENTERED, AND SCIENCE-BASED APPROACH.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

RELIGIOUS FREEDOM AND BUSINESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERFAITH RELIGIOUS FREEDOM AND

BUSINESS INITIATIVE - TO CULTIVATE A RENEWED, HEALTHIER, AND MORE

VIGOROUS PRIVATE SECTOR DEDICATED TO RELIGIOUS DIVERSITY AND INCLUSION BY

EDUCATING MUSLIM AND NON-MUSLIM CEOS AND BUSINESS LEADERS ABOUT HOW

RELIGIOUS DIVERSITY IS GOOD FOR BUSINESS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED TASTES OF AMERICA (BNAI KESHAT)

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAKING BREAD AND BUILDING BRIDGES

- PROMOTE COMMUNITY COHERENCE THROUGH SHARED MEALS AND COMMUNITY EVENTS

NAME OF ORGANIZATION OR GOVERNMENT:

PURDUE UNIVERSITY (INSTITUTE FOR HOLOCAUST AND GENOCIDE STUDIES)

(H) PURPOSE OF GRANT OR ASSISTANCE: MIDWEST CONSORTIUM ON CITIZENSHIP

AND HUMAN RIGHTS - DEVELOP NEW PROGRAMMING AROUND CITIZENSHIP AND HUMAN

RIGHTS BY BRINGING IN SCHOLARS AND ORGANIZATIONS TO BETTER HELP

VULNERABLE IMMIGRANT AND REFUGEE POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH SIDE LEARNING CENTER OF SYRACUSE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING ADULTS FOR FAMILIES TO

REACH THEIR FULL POTENTIAL - TO HELP REFUGEE FAMILIES BECOME

SELF-SUFFICIENT AND ACHIEVE SELF-ACTUALIZATION THROUGH EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SYRIAN COMMUNITY NETWORK, INC - ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL AID ASSISTANCE PROGRAM -

TO PROVIDE FINANCIAL AND CASE MANAGEMENT SUPPORT TO REFUGEE FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: HELP BUILD TOMORROW

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OFFER ENGLISH LANGUAGE COURSES TO

WOMEN LIVING IN DMV AREA. THIS WILL HELP THEM TO CONNECT AND NETWORK WITH

OTHERS AND WORK HARD TOWARDS THEIR GOALS WITHOUT THE PRESSURE OF LEARNING

AMONGST MEN

NAME OF ORGANIZATION OR GOVERNMENT:

WESLEY HOUSING DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD PANTRY PROGRAM - TO CONTINUE

OFFERING THE GIVING GRAIN PROGRAM'S BI-MONTHLY DISTRIBUTION TO 85

HOUSEHOLDS AT STRAWBRIDGE SQUARE APARTMENTS, ALEXANDRIA, AND TO EXPAND

THE PROGRAM TO A SECOND LOCATION AT WEXFORD MANOR APARTMENT IN FALL

CHURCH. HOUSING STABILITY INITIATIVE - ADULT PROGRAMS & SERVICES - TO

PROVIDE ON-SITE COORDINATED SUPPORTIVE SERVICES TO ASSIST RESIDENTS IN

ACHIEVING SELF-SUFFICIENCY AND AN ENHANCED QUALITY OF LIFE. TO SUPPLY

CAREER AND PROFESSIONAL DEVELOPMENT TRAINING FOR LOW-INCOME ADULT

RESIDENTS OF A WESLEY PROPERTY, IN PURSUIT OF FACILITATING ECONOMIC AND

SOCIAL SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT:

SYLVESTER BROOME EMPOWERMENT VILLAGE (SBEV)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPLEMENT ACADEMIC ENRICHMENT

PROGRAMS FOR MIDDLE SCHOOL STUDENTS WHO ARE AT AN EXPONENTIALLY HIGHER

RISK OF SUBSTANDARD SCHOOL PERFORMANCE, DUE TO POOR ECONOMIC AND HEALTH

Part IV Supplemental Information

CONDITIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM HOUSING SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: KING COUNTY HOMELESSNESS PREVENTION

- TO PROVIDE CASE MANAGEMENT SERVICE TO FAMILIES IN SOUTH KING COUNTY TO
ACHIEVE PERMANENT HOUSING AND SELF-SUFFICIENCY.

NAME OF ORGANIZATION OR GOVERNMENT: TA'LEEF COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TA'LEEF COLLECTIVE ZAKAT - TO

PROVIDE HOLISTIC SUPPORT TO BENEFICIARIES THAT ARE STRUGGLING AND ARE IN
NEED IN CALIFORNIA AND CHICAGO.

NAME OF ORGANIZATION OR GOVERNMENT:

ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HARVEY RECOVERY CARE PROJECT - TO

ASSIST THE HURRICANE HARVEY AFFECTED UNDERSERVED REFUGEE FAMILIES AND
EXPEDITES THE PHASES OF DISASTER RECOVERY WITH A VARIETY OF SHORT TERM
AND LONG TERM PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: MASJID AT TAQWA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A TEMPORARY ALLEVIATION
FROM ANY GIVEN COMMON FINANCIAL BURDEN THAT AFFECTS THE BENEFICIARIES IN
BROOKLYN, NY.

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM AMERICAN SOCIETY OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARLOTTE FOOD SUPPLEMENT PROGRAM -
TO PROVIDE FULLY COOKED MEALS AND PANTRY PACKAGES FOR LOW INCOME FAMILIES
AND INDIVIDUALS.

Part IV Supplemental Information

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

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

REFUGEES, ASYLUMS AND OTHER LOW-INCOME IMMIGRANTS IN SAN DIEGO COUNTY AND

CONNECT THEM WITH RESOURCES THAT WILL HELP THEM TO BECOME PRODUCTIVE

CITIZENS, TO PROVIDE SURVIVAL RESOURCES AND TRAINING FOR UNDER-SERVED

SOMALI IMMIGRANTS THAT WILL ABET THEIR INTEGRATION INTO THE COMMUNITY,

THROUGH THE CONTINUED IMPLEMENTATION OF THE REFUGEE INTEGRATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN ARAB & MUSLIM LEADERSHIP COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD DEVELOPMENT ASSOCIATE TRAINING

& LICENSING - TO LAUNCH CHILD DEVELOPMENT ASSOCIATES (CDA) TRAINING TO

PROVIDE REFUGEE FAMILIES WITH NECESSARY SKILLS TO SECURE BETTER PAYING

JOBS AND HAVE GREATER ACCESS TO THE WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN ASSOCIATION OF NY

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING VULNERABLE PERSONS

THROUGH ASSISTANCE & PERSONAL DEVELOPMENT PLANS - TO PROVIDE

BENEFICIARIES WITH EMERGENCY ASSISTANCE TO SUSTAIN THEMSELVES AND THEIR

FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: MASJID AN-NUR

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

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

MEALS DURING THE LONG SUMMER VACATION.

NAME OF ORGANIZATION OR GOVERNMENT: RADIANT HANDS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINABLE SELF-DEPENDENCY - TO

PROVIDE EMPLOYMENT, HOUSING, AND MEDICAL AND DENTAL CARE FOR

BENEFICIARIES TO REACH SELF-DEPENDENCY.

NAME OF ORGANIZATION OR GOVERNMENT: READING CONNECTIONS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: LANGUAGE SERVICES FOR ENGLISH

LANGUAGE LEARNERS - PROVIDE ENGLISH LANGUAGE TRAINING TO REFUGEES THAT

ARE IN THE ISLAMIC RELIEF'S REFUGEE SETTLEMENT PROJECT IN GUILFORD COUNTY

IN NORTH CAROLINA.

NAME OF ORGANIZATION OR GOVERNMENT: LIONS CLUB INTERNATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LIONS CLUB INTERNATIONAL PUERTO RICO

RESPONSE - DISTRIBUTE FOOD BOXES TO THE VICTIMS OF THE HURRICANES IRMA

AND MARIA IN PUERTO RICO

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF ROANOKE VALLEY

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

EDUCATION - TO ASSIST THE STUDENTS WHO ARE FACING HOMELESSNESS AND HAVE

BEEN IDENTIFIED BY THE ROANOKE CITY PUBLIC SCHOOL SYSTEM AS FALLING INTO

THE 80% OF SCHOOL-AGE CHILDREN WHO ARE EXEMPTED FROM STATE AND FEDERAL

ASSISTANCE TO FIND SAFE AND SECURE HOUSING WITH OTHER LIFE-STABILIZING

SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY & YOUTH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING TOMORROW: EXAMINING THE

NEEDS OF AMERICAN MUSLIM YOUTH - TO PROVIDE COMMUNITY RESOURCES AIMED AT

PROMOTING AMERICAN MUSLIM YOUTH.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ISLAMIC SOCIETY OF BALTIMORE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING HEALTH AND WELLNESS - TO

EXPAND THE HEALTH CLINIC OF ISLAMIC SOCIETY OF BALTIMORE BY INCREASING

THE SERVICES TO MEET THE NEEDS OF PATIENTS, EXPANDING THE CATCHMENT

POPULATION, AND IMPROVING THE PATIENTS EXPERIENCE THROUGH ONGOING

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: WAFI HOUSE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUING TO EXPAND CLIENT IMPACT -

TO UNDERTAKE A COMPREHENSIVE STRATEGY IN SERVING MUSLIM AND IMMIGRANT

FAMILIES-IN-CRISIS, BY ALIGNING EMERGENCY CASH AID WITH ONGOING

LIFE-CHANGING RECOVERY SKILLS AND SERVICES, AND ALSO BY IMPROVING

SENSITIVITY TO MUSLIM/CULTURAL VALUES AMONG OTHER REGIONAL PROFESSIONS

WHO GIVE CARE TO MUSLIM AND IMMIGRANT FAMILIES-IN-CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: DAR AL HIJRAH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP THE MEMBERS OF COMMUNITY WHO

ARE MAINLY NEW REFUGEES AND IMMIGRANTS IN DIRE NEED OF FINANCIAL

ASSISTANCE, EMPLOYMENT, AND CASE MANAGEMENT SUPPORT TO LEAD THEM TOWARD

SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH MINISTRIES FOR GREATER HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE WOMEN'S EMPOWERMENT GROUP -

TO INTEGRATE FEMALE REFUGEES TO AMERICAN LIFE BY HELPING THEM WITH

EMPLOYMENT OPPORTUNITIES AND RECOVERY OF REFUGEES AFFECTED BY HURRICANE

HARVEY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COLUMBIA UNIVERSITY - NATIONAL CENTER FOR DISASTER PREPAREDNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TOOLS AND INFORMATION FOR THE LIVES

OF CHILDREN ON THE MOVE. - IT ENABLES CAREGIVERS TO USE AN APP TO

IDENTIFY AT-RISK REFUGEE CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED STATES CONFERENCE OF CATHOLIC BISHOPS

(H) PURPOSE OF GRANT OR ASSISTANCE: MIGRATION AND REFUGEE SERVICES

UNITES FAMILIES PROJECT - TO IMPLEMENT A NATIONAL FAMILY CASE MANAGEMENT

PROGRAM FOR FAMILIES REUNITED BY DHS AND HHS WHEREVER THEY MAY BE LOCATED

IN THE U.S.

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR APPROPRIATE AND IMMEDIATE TEMPORARY HELP (FAITH)

(H) PURPOSE OF GRANT OR ASSISTANCE: RAMADAN FOOD PANTRY - TO DISTRIBUTE

BAG OF STAPLE FOOD ITEMS TO FAMILIES IN NEED DURING THE MONTH OF RAMADAN

ON A DAILY BASIS

NAME OF ORGANIZATION OR GOVERNMENT: GREATER HOUSTON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HURRICANE HARVEY RELIEF FUND - TO

PROVIDE RELIEF AND FINANCIAL SUPPORT TO THE VICTIMS OF HURRICANE HARVEY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC OF MAMEYES

(H) PURPOSE OF GRANT OR ASSISTANCE: WATER INFRASTRUCTURE PROJECT - TO

SUPPORT A SUSTAINABLE PROJECT IN THE LOCAL COMMUNITY BY BUILDING A WELL

IN UTUADO AND INCREASE DISASTER RESILIENCE IN THE COMMUNITY.

Part IV Supplemental Information

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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) 2018

Schedule J (Form 990) 2018

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. See separate report.

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

Do not check any of these boxes unless you are required to do so by the instructions to this form.

[illegible]

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE PAID AS A PERCENTAGE OF SALARY BASED ON AN ANNUAL PERFORMANCE

EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD APPROVAL.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	142	1,126,695.	MARKET PRICE AT DONATION
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other ...				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	24	29,415,863.	DONR VAL, IMS, WAC, AWP
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (.....				
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization 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) 2018

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 3,000

VOLUNTEERS ACROSS THE COUNTRY DURING 2018.

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 RAMADAN FOOD BOX ASSEMBLY PROGRAM ENGAGES VOLUNTEERS ALL

OVER THE COUNTRY THROUGH PACKING EVENTS THAT ALLOW VOLUNTEERS TO ATTEND

AND ASSIST US IN THE ASSEMBLY OF 5000+ FOOD BOXES WHICH PROVIDE

ASSISTANCE TO FAMILIES IN NEED AROUND THE COUNTRY.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

SERVICES TO SYRIAN REFUGEES SUFFERING FROM CHRONIC RENAL FAILURE,

LIVING OUTSIDE CAMPS, AND UNABLE TO PAY THEIR MEDICAL EXPENSES. THESE

PATIENTS WILL BE REFERRED TO HEALTHCARE AT CONTRACTED MEDICAL

FACILITIES.

-ENHANCING KIDNEY DIALYSIS UNIT IN SOUTH LEBANON, WHICH SEEKS TO REDUCE

THE MORTALITY AND MORBIDITY AMONG THE LEBANESE COMMUNITY (INCLUDING

SYRIAN AND PALESTINIAN REFUGEES) THROUGH THE ENHANCEMENT OF THE KIDNEY

DIALYSIS UNIT IN BENT JBAIL GOVERNMENTAL HOSPITAL IN SOUTH LEBANON

- 2 PRIMARY HEALTH CENTERS CONSTRUCTION IN ALBANIA, WHICH WILL ENHANCE

DIRECT HEALTHCARE SERVICE DELIVERY TO THE TARGETED COMMUNITY THROUGH

CONSTRUCTION OF HEALTH CENTRES AND PROVISION OF MEDICAL EQUIPMENT

- GAZA EMERGENCY HEALTH RESPONSE, WHICH DELIVERS TOP PRIORITY MEDICINES

AND SUPPLIES NEEDED BY AL AHLI AND SHIFA HOSPITALS AND THE CENTRAL

BLOOD BANK.

IN 2018 IRUSA CONTRIBUTED WITH OVER 29 MILLION DOLLARS IN IN-KIND

DONATIONS. IRUSA CONTRIBUTED OR DELIVERED PHARMACEUTICALS, DISPOSABLES,

MEDICAL SUPPLIES, MEDICAL BEDS, MATTRESSES AND MEDICAL EQUIPMENT TO

THREE COUNTRIES, "TURKEY, SUDAN, AND MACEDONIA".

ESTIMATED BENEFICIARIES: 234,661

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

CROP PRODUCTION. THIS PROJECT ALSO INCORPORATES THAT INSTALLATION

ARTIFICIAL PONDS FOR 30 FISH PRODUCTION FARMERS AND THE ESTABLISHMENT

OF INPUT SHOPS. FINALLY, THIS PROJECT EMPHASIZES ENHANCED RESILIENCY

METHODS TOWARDS FOOD INSECURITY THROUGH THE AWARENESS OF DROUGHT

RESILIENCE SEEDS, THE USE OF BIO-PESTICIDE AND PEACE BUILDING AMONG

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

ANIMAL HERDERS.

- SUSTAINABLE LIVELIHOOD PROJECT: LIVESTOCK DISTRIBUTION TO WOMEN IN

ALBANIA, THROUGH PROVIDING 31 VULNERABLE RURAL FAMILIES WITH COWS,

GOAT/SHEEP FOR FOOD SECURITY, INCOME GENERATION AND WOMEN'S ECONOMIC

EMPOWERMENT. TRAINING WAS ALSO PROVIDED BY VETERINARY SERVICE

CONSULTANTS AND ANIMAL REARING AND MANAGEMENT.

- RURAL INTEGRATED DEVELOPMENT FOR SOCIO-ECONOMIC EMPOWERMENT, WHICH

PROVIDES INCREASED FOOD SECURITY, INCOME AND PRODUCTIVE ASSETS OF THE

TARGETED HOUSEHOLDS THROUGH SKILLS TRAINING ON INCOME GENERATION

ACTIVITIES, ARRANGEMENT OF POULTRY VACCINATIONS, THE DISTRIBUTION OF

SEEDS AND ENHANCED IRRIGATION FACILITIES

- FOOD SECURITY AND LIVELIHOODS PROJECT IN EAST KAPOETA, WHICH SEEKS TO

ENHANCE BOTH FOOD SECURITY AND LIVELIHOODS BY IMPROVING LIVESTOCK

PRODUCTION AND ACCESS TO ANIMAL HEALTH CARE SERVICES, IMPROVING ACCESS

TO AGRICULTURAL PRODUCTION UNITS AND EXTENSION SERVICES AND SUPPORTING

COMMUNITIES TO DEVELOP ALTERNATIVE INCOME SOURCES.

- SOMALIA RAINWATER HARVESTING SOLUTIONS, WHICH SUPPORTS CONSTRUCTION

OF TWO MICRO-DAMS THAT WILL "GREEN THE DESERT" AND WILL HARNESS

RUNOFF RAINWATER AND RETAINS IT IN CRITICAL AREAS SO THAT THE WATER CAN

BE UTILIZED FOR FARMING AND IRRIGATION DURING DRY PERIODS. THE PROJECT

ALSO PROVIDES SEEDING AT EACH SITE IN ORDER TO IMPROVE THE BIODIVERSITY

OF THE REGION AND CREATE HABITATS THAT ARE MORE HABITABLE FOR LIVESTOCK

AND ANIMALS

- SUPPORT TO AGRICULTURE BASED LIVELIHOOD IN TURKEY, WHICH SEEKS TO

IMPROVE THE FOOD SECURITY AND LIVELIHOOD SITUATION OF 450 HOUSEHOLDS

THROUGH AGRICULTURE, APICULTURE (BEEKEEPING), AND VOCATIONAL SKILLS

DEVELOPMENT SUPPORT, ENABLING THE TARGETED FAMILIES TO IMPROVE FOOD

CONSUMPTION AND DIETARY DIVERSITY AND EARN A STABLE INCOME.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

ESTIMATED BENEFICIARIES: 1,209,810

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

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:

- YEMEN EMERGENCY RESPONSE: EMERGENCY FOOD DISTRIBUTION TO YEMENIS

AFFECTED BY THE ONGOING CONFLICT IN TAIZ, ADEN, AMRAN, HODEIDAH, AND

IBB GOVERNORATES

- KENYA FLOOD RESPONSE: PROVIDE RELIEF AND FOOD DISTRIBUTION, NON-FOOD

ITEMS, HYGIENE AND SANITATION AWARENESS SESSIONS, AND SHELTER KITS TO

AFFECTED FAMILIES

- EMERGENCY RESPONSE TO DISPLACED POPULATION IN OROMO REGION, ETHIOPIA:

WATER TRUCKING AND CASH TRANSFERS TO IDPS SUFFERING FROM THE EFFECTS OF

CONFLICT AND DROUGHT

- WINTERIZATION ASSISTANCE TO DROUGHT AFFECTED AND MOST VULNERABLE

FAMILIES IN AFGHANISTAN: FOOD AND NFIS FOR AFGHANS FACING HARSH WINTER

CONDITIONS EXACERBATED BY THE DROUGHT

- HUMANITARIAN ASSISTANCE FOR THE FLOOD AFFECTED PEOPLE OF BELETWENYE

DISTRICT OF SOMALIA: DISTRIBUTION OF FOOD PACKS AND EMERGENCY SHELTER

ITEMS TO AFFECTED HOUSEHOLDS AS WELL AS WASH ACTIVITIES, INCLUDING

DIGGING PIT LATRINES AND THE REHABILITATION OF A BOREHOLE

- GAZA EMERGENCY HEALTH RESPONSE: MEDICAL SUPPLIES AND MEDICINE WERE

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

DISTRIBUTED TO HOSPITALS AND BLOOD BANKS IN GAZA FOLLOWING THE MARCH OF

GREAT RETURN

- SUPER TYPHOON MANGKHUT RESPONSE: DISTRIBUTE CASH CARDS TO COVER THE

IMMEDIATE NEEDS OF THOSE AFFECTED BY SUPER TYPHOON MANGKHUT IN THE

PHILIPPINES

ESTIMATED BENEFICIARIES: 610,011

EXPENSES \$ 4,710,338. INCLUDING GRANTS OF \$ 4,460,086. REVENUE \$ 0.

US 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 LIVELIHOOD ASSISTANCE IN

ADDITION TO OTHER DOMESTIC INITIATIVES.

2. SEASONAL PROGRAMS

A. RAMADAN FOOD BOXES

B. QURBANI (MEAT DISTRIBUTION)

C. SUMMER FOOD SERVICE PROGRAM

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

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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: 185,345

EXPENSES \$ 6,078,033. INCLUDING GRANTS OF \$ 5,532,549. REVENUE \$ 0.

WATER, SANITATION & HYGIENE:

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,

SANITATION, AND WATER SUPPLY.

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

- ACCESS TO SAFE WATER AND BUILDING COMMUNITY RESILIENCE IN THE VILLAGE

OF DANSA, CIRCLE OF DOUENTZA, MALI, TO AID IN REDUCING INCIDENCES OF

WATERBORNE DISEASE PREVALENCE AND TO MITIGATE THE ADVERSE EFFECTS OF

CLIMATE CHANGE (FLOODING) ON THE POPULATION OF DANSA VILLAGE

- INTEGRATED SUPPORT PROGRAM (ISP) FOR GARISSA COMMUNITY IN KENYA,

WHICH SEEKS TO PROVIDE PRIMARY HEALTHCARE, PRIMARY EDUCATION, CLEAN

WATER AND IMPROVE HYGIENE AND SANITATION STANDARDS. INTERVENTIONS FOR

HEALTH ARE SOUGHT FOR MATERNAL AND CHILD HEALTH. EDUCATION INTERVENTION

IS TARGETING IN-SCHOOL AND OUT-OF-SCHOOL CHILDREN. WASH INTERVENTIONS

FOCUSES ON DEVELOPING AND REHABILITATING STRATEGIC WATER FACILITIES TO

INCREASE ACCESS AND USE BY THE RURAL COMMUNITIES

- TUNISIA CHILD FRIENDLY SCHOOLS PROJECT, WHICH SEEKS TO IMPROVE THE

FUTURE OF 64,800 CHILDREN BY SUPPORTING THEM TO COMPLETE PRIMARY SCHOOL

EDUCATION THROUGH ACCESS TO IMPROVED WASH AND EDUCATION SERVICES

- EMERGENCY RESPONSE FOR AFFECTED POPULATIONS IN SANA'A GOVERNORATE

YEMEN, WHICH SEEKS TO RESTORE OR MAINTAIN SUSTAINABLE WATER SYSTEMS TO

IMPROVE THE PUBLIC HEALTH, PROVIDE SAFE DRINKING WATER AND REHABILITATE

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

AND MAINTAIN WATER SUPPLY FOR AFFECTED POPULATIONS.

- SOMALIA RAINWATER HARVESTING SAND DAMS, WHICH SEEKS TO IMPLEMENT

RAINWATER HARVESTING SYSTEMS TO IMPROVE WATER AVAILABILITY AS WELL AS

WATER QUALITY TO REDUCE THE EFFECTS OF DROUGHT ON COMMUNITY

VULNERABILITY

- PROMOTING APPROPRIATE WATER OPTION FOR VULNERABLE COMMUNITIES IN

CENTRAL BANGLADESH, WHICH SEEKS TO INCREASE ACCESS TO SAFE WATER,

AWARENESS AND HYGIENE PRACTICES IN MYMENSINGH DISTRICT

ESTIMATED BENEFICIARIES: 101,354

EXPENSES \$ 5,087,838. INCLUDING GRANTS OF \$ 4,634,404. REVENUE \$ 0.

EDUCATION:

INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY

EDUCATION, WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION.

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

- COMPLETING THE CONSTRUCTION AND FURNISHING OF A SCHOOL IN HILANE,

LEBANON SO THAT VULNERABLE LEBANESE AND SYRIAN REFUGEE CHILDREN CAN

ATTEND SCHOOL IN A SAFE, WELCOMING SPACE

- SUPPORTING THE MUSLIM TEACHERS TRAINING INSTITUTE TO QUALIFY THE

UNPRIVILEGED YOUNG PEOPLE TO OBTAIN JOBS THAT CONTRIBUTE TO SOLVING

THEIR ECONOMIC AND SOCIAL PROBLEMS AND HELP IN BUILDING A CONSCIOUS,

EDUCATED AND PRODUCTIVE SOCIETY

ESTIMATED BENEFICIARIES: 14,249

EXPENSES \$ 2,528,329. INCLUDING GRANTS OF \$ 2,302,016. REVENUE \$ 0.

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

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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.

SINCE 2016, IRUSA HAS ADOPTED 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, IS COUNTED AS ONE INDIVIDUAL RECIPIENT. ALSO, BENEFICIARY NUMBERS ARE 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.

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

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

9000 TOWN CENTER PARKWAY, BRADENTON, FL, 34202, (888) 874-6388. IT

PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL PROCESSING, HUMAN

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

BUSINESSES.

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.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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 COMPARABLE, 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,NC

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:

REFUNDS/ADJUSTMENTS

2,973,086.

SCHEDULE R
(Form 990)

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.**

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ISLAMIC RELIEF USA

Employer identification number
95-4453134

2018

**Open to Public
Inspection**

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

[illegible]

Part II

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

[illegible]

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

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?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME OF RELATED ORGANIZATION:**

IRUSA WAQF

PRIMARY ACTIVITY: ACCEPT GIFTS AND MANAGES ASSETS FOR PRODUCTION OF INCOME

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

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 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, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2018 or

► ☐ tax year beginning _____, and ending _____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.