

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

ISLAMIC RELIEF USA

95-4453134

Name and title of officer

SHARIF ALY

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 88,703,437.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize RSM US LLP

ERO firm name

to enter my PIN

Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Sharif Aly

Date ▶

10/24/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27021920814

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RSM US LLP

Willie Tu

Date ▶

10/22/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Form **990**
(Rev. January 2020)
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

2019
Open to Public Inspection

A For the 2019 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ISLAMIC RELIEF USA</td> <td rowspan="2">D Employer identification number 95-4453134</td> </tr> <tr> <td colspan="2">Doing business as ISLAMIC RELIEF/IRUSA</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.</td> <td rowspan="2">E Telephone number 703-370-7202</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304</td> </tr> <tr> <td colspan="3">F Name and address of principal officer: SHARIF ALY SAME AS C ABOVE</td> </tr> </table>	C Name of organization ISLAMIC RELIEF USA		D Employer identification number 95-4453134	Doing business as ISLAMIC RELIEF/IRUSA		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.		E Telephone number 703-370-7202	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304		F Name and address of principal officer: SHARIF ALY SAME AS C ABOVE		
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City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304														
F Name and address of principal officer: SHARIF ALY SAME AS C ABOVE														
G Gross receipts \$ 90,623,007.														
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	5	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	157	
	6	Total number of volunteers (estimate if necessary)	4000	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	107,749,052.	90,129,250.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,908.	8,039.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,326,743.	-1,433,852.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,642,217.	88,703,437.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,839,997.	41,456,970.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,902,035.	12,923,162.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,179,897.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,531,728.	15,606,432.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,273,760.	69,986,564.
	19	Revenue less expenses. Subtract line 18 from line 12	22,368,457.	18,716,873.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	74,987,401.	81,701,254.
	21	Total liabilities (Part X, line 26)	29,119,793.	13,099,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	45,867,608.	68,602,122.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	▶ SHARIF ALY, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	WILLIAM E TURCO, CPA		10/22/20	P00369217
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		
	Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878	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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 24,513,235. including grants of \$ 18,751,321.) (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:

-ISLAMIC RELIEF IS WORKING TO IMPROVE ACCESS TO HEALTHCARE AND
PHARMACEUTICALS BY CONSTRUCTING THREE HEALTHCARE CENTERS IN REMOTE
VILLAGES OF ZAGOR, DOBER, AND BOGIQ OF ALBANIA. THE CENTERS WILL
FEATURE A ROOM DEDICATED TO MOTHERS AND CHILDREN, A PRIVATE ROOM FOR

4b (Code:) (Expenses \$ 12,941,357. including grants of \$ 10,560,326.) (Revenue \$)

ORPHAN SUPPORT:

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 21,725 ORPHANS IN THE
FOLLOWING 25 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,
TURKEY, AND YEMEN. IN ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO
IMPLEMENTS ADDITIONAL ORPHAN SUPPORT PROGRAMS.

4c (Code:) (Expenses \$ 8,225,648. including grants of \$ 6,772,151.) (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:

-IN NIGER, BUILDING COMMUNITY RESILIENCE AGAINST THE EFFECTS OF CLIMATE
CHANGE IS NOW THE PRIORITY OF OUALAM COMMUNE POLICY MAKERS AND
DEVELOPMENT AGENCIES. AN IRUSA FUNDED INTERVENTION IS AIMING TO HARNESS
THE OPPORTUNITIES FOR IRRIGATION AND FISH FARMING AND THE SCALING UP OF

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

(Expenses \$ 6,410,617. including grants of \$ 5,373,173.) (Revenue \$)

4e Total program service expenses 52,090,857.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>	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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

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	1a 128	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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 157		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
7g		
7h		
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		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	N/A	
11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	N/A	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b		
c Enter the amount of reserves on hand		
13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b		
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?		X
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?		X
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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	5			
b Enter the number of voting members included on 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, 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 on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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 on Schedule O)

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KHALED LAMADA CHAIRMAN OF THE BOARD	3.00	X		X				0.	0.	0.
(2) HAMDY RADWAN, PHD VICE CHAIR	3.00	X		X				0.	0.	0.
(3) HAMADI BENGABSIA TREASURER	3.00 3.00	X		X				0.	0.	0.
(4) NANCY KHALIL, PHD SECRETARY	3.00	X		X				0.	0.	0.
(5) IHAB M. HAMDI SAAD DIRECTOR FROM 08/2019	3.00	X						0.	0.	0.
(6) MOHAMED AMR ATTAWIA DIRECTOR THRU 08/2019	3.00	X						0.	0.	0.
(7) SHARIF ALY CHIEF EXECUTIVE OFFICER	40.00 3.00			X				158,225.	0.	45,396.
(8) ANWAR AHMAD KHAN PRESIDENT	40.00 3.00			X				182,231.	0.	32,752.
(9) TAREQ OSMAN CONTROLLER	40.00 3.00			X				149,950.	0.	17,601.
(10) YOUSEF ABDALLAH EAST ZONAL MANAGER THRU 4/2019	40.00					X		200,383.	0.	18,098.
(11) AZHAR AZEEZ V.P. OF COMMUNITY AFFAIRS & ALLIANCE	40.00					X		147,017.	0.	46,622.
(12) DAVID HAWA DIR OF COMMUNICATIONS	40.00 3.00					X		137,187.	0.	42,453.
(13) ANNE WILSON DIR OF PROGRAMS THRU 4/2020	40.00					X		132,646.	0.	13,441.
(14) AHMED SHEHATA DIR OF FUND DEVELOPMENT	40.00					X		131,800.	0.	44,270.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								1,239,439.	0.	260,633.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,239,439.	0.	260,633.

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**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE INC, 1600 AMPHITHEATRE PARKWAY , MOUNTAIN VIEW, CA 94043-1351	SOFTWARE/ONLINE STORAGE/ADVERTISING	1,020,927.
MORE VANG PO BOX 16240, ALEXANDRIA, VA 22302	PRINT MATERIALS	391,350.
MUZIK WAVES LLC 10 STAGHORN DRIVE, BRUNSWICK, NJ 08902	ARTIST PERFORMANCE	300,200.
REACH MEDIA INC, 1110 SOUTH AVENUE, SUITE 403, STATEN ISLAND, NY 10314	ADVERTISING	286,527.
JACKSON RIVER, LLC PO BOX 931604, ATLANTA, GA 31193	ONLINE SOFTWARE PLATFORM	221,405.

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 **13**

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	3,110,805.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	87,018,445.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,984,372.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____			Business Code			
	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							
			(i) Real	(ii) Personal			
6 a Gross rents		6a					
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
			(i) Securities	(ii) Other			
7 a Gross amount from sales of assets other than inventory		7a			8,039.		
b Less: cost or other basis and sales expenses		7b			0.		
c Gain or (loss)		7c			8,039.		
d Net gain or (loss)				8,039.		8,039.	
8 a Gross income from fundraising events (not including \$ 3,110,805. of contributions reported on line 1c). See Part IV, line 18			8a	453,308.			
b Less: direct expenses			8b	1,919,570.			
c Net income or (loss) from fundraising events				-1,466,262.		-1,466,262.	
9 a Gross income from gaming activities. See Part IV, line 19			9a				
b Less: direct expenses			9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances			10a				
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME			Business Code	900099	32,410.	32,410.
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d				32,410.		
	12 Total revenue. See instructions				88,703,437.	0.	0.
						-1,425,813.	

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 ...	1,212,719.	1,212,719.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,467,480.	1,467,480.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	38,776,771.	38,776,771.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	588,122.	155,342.	75,117.	357,663.
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	9,260,293.	2,445,936.	1,182,771.	5,631,586.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	335,431.	88,598.	42,843.	203,990.
9 Other employee benefits	1,980,755.	523,180.	252,992.	1,204,583.
10 Payroll taxes	758,561.	200,360.	96,887.	461,314.
11 Fees for services (nonemployees):				
a Management				
b Legal	281,040.	61,829.	74,252.	144,959.
c Accounting	81,363.	17,900.	21,497.	41,966.
d Lobbying	20,000.	20,000.		
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.)	586,571.	264,364.	30,269.	291,938.
12 Advertising and promotion	1,963,217.	48,935.	26,226.	1,888,056.
13 Office expenses	2,372,342.	192,026.	1,322,267.	858,049.
14 Information technology	451,247.	102,060.	117,476.	231,711.
15 Royalties				
16 Occupancy	401,775.	80,731.	93,300.	227,744.
17 Travel	1,262,411.	478,975.	153,920.	629,516.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	496,982.	79,654.	10,401.	406,927.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	398,401.	70,531.	154,745.	173,125.
23 Insurance	131,592.	28,950.	29,135.	73,507.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	5,594,172.	5,594,172.		
b COMMUNITY EVENT SPONSOR	1,173,952.	155,945.	7,448.	1,010,559.
c HONORARIUM	242,343.	6,613.	3,143.	232,587.
d PROF EDUC & TRAINING	149,024.	17,786.	21,121.	110,117.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	69,986,564.	52,090,857.	3,715,810.	14,179,897.
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	46,969,398.	1	46,716,356.
	2 Savings and temporary cash investments	159,871.	2	51,498.
	3 Pledges and grants receivable, net		3	10,368,463.
	4 Accounts receivable, net	218,310.	4	395,406.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,751,322.	8	9,655,731.
	9 Prepaid expenses and deferred charges	734,411.	9	3,443,059.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,520,235.		
	b Less: accumulated depreciation	10b 1,670,551.		
	11 Investments - publicly traded securities	4,163,751.	10c	3,849,684.
	12 Investments - other securities. See Part IV, line 11	3,959,090.	11	7,175,971.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	31,248.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,987,401.	15	45,086.	
17 Accounts payable and accrued expenses	1,836,524.	16	81,701,254.	
18 Grants payable	27,283,269.	17	3,909,854.	
19 Deferred revenue		18	9,189,278.	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	29,119,793.	25		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	13,099,132.	
28 Net assets without donor restrictions	23,863,525.	27	28,116,571.	
29 Net assets with donor restrictions	22,004,083.	28	40,485,551.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	45,867,608.	32	68,602,122.	
34 Total net assets or fund balances	74,987,401.	33	81,701,254.	

Part XI Reconciliation of Net AssetsCheck 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	88,703,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,986,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,716,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,867,608.
5	Net unrealized gains (losses) on investments	5	1,779,867.
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 on Schedule O)	9	2,237,774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	68,602,122.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)

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

2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	109,204,699.	104,682,885.	145,421,015.	117,860,557.	90,129,250.	567,298,406.
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	109,204,699.	104,682,885.	145,421,015.	117,860,557.	90,129,250.	567,298,406.
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.						567,298,406.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	109,204,699.	104,682,885.	145,421,015.	117,860,557.	90,129,250.	567,298,406.
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.	32,410.	80,717.
11 Total support. Add lines 7 through 10						567,379,123.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.99	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.99	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.

2019 AMOUNT: \$ 32,410.

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

2019

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

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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		\$ 9,655,731.	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.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part 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

2019

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

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

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		11,281.													
c Total lobbying expenditures (add lines 1a and 1b)		11,281.													
d Other exempt purpose expenditures		69,975,283.													
e Total exempt purpose expenditures (add lines 1c and 1d)		69,986,564.													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	2,435.	12,434.	100,352.	11,281.	126,502.
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) 2019

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

2019

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).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		3,006,501.	780,853.	2,225,648.
c Leasehold improvements		36,725.	19,444.	17,281.
d Equipment		35,000.	13,999.	21,001.
e Other		1,138,730.	856,255.	282,475.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,849,684.

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.

(a) Description of liability	(b) Book value
1. (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 FASB 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	90,589,805.
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	7,247.
e	Add lines 2a through 2d	2e	7,247.
3	Subtract line 2e from line 1	3	90,582,558.
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	-1,879,121.
c	Add lines 4a and 4b	4c	-1,879,121.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	88,703,437.

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	69,988,296.
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	1,732.
e	Add lines 2a through 2d	2e	1,732.
3	Subtract line 2e from line 1	3	69,986,564.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	69,986,564.

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, 2019.

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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 7,247.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B -1,919,570.

OTHER INCOME REPORTED ON PART VIII, LINE 11A 32,410.

REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 8,039.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,879,121.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 319,936.

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 1,919,570.

GRANT REFUNDS -2,237,774.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,732.

**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

2019Open 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		1,306,162.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		11,925,605.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		6,238,357.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		417,555.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		5,480,082.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		13,409,010.
3 a Subtotal	0	0			38,776,771.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			38,776,771.

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

Schedule F (Form 990) 2019

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 RAMADAN FOOD PACKAGES - 2019	32,724.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA RAMADAN FOOD PACKAGE - 2019	10,541.	WIRE	0.		
		SOUTH ASIA	BANGLADESH RAMADAN FOOD PACKAGES - 2019	13,204.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA RAMADAN FOOD PACKAGES - 2019	17,052.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHAD RAMADAN FOOD PACKAGES - 2019	13,664.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN FOOD PACKAGES - 2019	8,612.	WIRE	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN FOOD PACKAGES - 2019	50,981.	WIRE	0.		
		SOUTH ASIA	INDIA RAMADAN FOOD PACKAGES - 2019	24,400.	WIRE	0.		

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

11

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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)
		EAST ASIA AND THE PACIFIC	INDONESIA RAMADAN FOOD PACKAGES - 2019	16,994.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ RAMADAN FOOD PACKAGES - 2019	28,935.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN RAMADAN FOOD PACKAGES - 2019	36,743.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA RAMADAN FOOD PACKAGES - 2019	32,035.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO RAMADAN FOOD PACKAGES - 2019	10,334.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON RAMADAN FOOD PACKAGES - 2019	24,113.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI RAMADAN FOOD PACKAGES - 2019	15,789.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI RAMADAN FOOD PACKAGES - 2019	15,501.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR RAMADAN FOOD PACKAGE - 2019	180,956.	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	NEPAL RAMADAN FOOD PACKAGE - 2019	10,104.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER RAMADAN FOOD PACKAGES - 2019	16,419.	WIRE	0.		
		SOUTH ASIA	PAKISTAN RAMADAN FOOD PACKAGES - 2019	42,254.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA RAMADAN FOOD PACKAGES - 2019	132,045.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH AFRICA RAMADAN FOOD PACKAGES - 2019	10,908.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN RAMADAN FOOD PACKAGES - 2019	47,995.	WIRE	0.		
		SOUTH ASIA	SRI LANKA RAMADAN FOOD PACKAGES - 2019	7,578.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUDAN RAMADAN FOOD PACKAGES - 2019	21,127.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEES - RAMADAN FOOD PACKAGE - 2019	51,784.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TUNISIA RAMADAN FOOD PACKAGES - 2019	7,463.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN RAMADAN FOOD PACKAGES - 2019	160,750.	WIRE	0.		
		SUB-SAHARAN AFRICA	ZIMBABWE RAMADAN FOOD PACKAGES - 2019	9,565.	WIRE	0.		
		SOUTH ASIA	INDIAN RAMADAN FOOD PACKAGES - 2019	125,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PHILIPPINES QURBANI - 2019	11,225.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA QURBANI - 2019	11,248.	WIRE	0.		
		SUB-SAHARAN AFRICA	LESOTHO QURBANI - 2019	12,583.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA QURBANI - 2019	14,733.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH AFRICA QURBANI - 2019	18,558.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO QURBANI - 2019	27,158.	WIRE	0.		
		SOUTH ASIA	NEPAL QURBANI - 2019	37,478.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA QURBANI - 2019	43,906.	WIRE	0.		
		SOUTH ASIA	SRI LANKA QURBANI - 2019	51,488.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA QURBANI - 2019	54,656.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA QURBANI - 2019	72,105.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA QURBANI - 2019	74,006.	WIRE	0.		
		SUB-SAHARAN AFRICA	ZIMBABWE QURBANI - 2019	80,343.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH SUDAN QURBANI - 2019	86,907.	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 QURBANI - 2019	89,396.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUDAN QURBANI - 2019	91,489.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON QURBANI - 2019	93,243.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN QURBANI - 2019	96,480.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA QURBANI - 2019	101,532.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN QURBANI - 2019	102,126.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ QURBANI - 2019	137,489.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHAD QURBANI - 2019	145,976.	WIRE	0.		
		SOUTH ASIA	INDIA QURBANI - 2019	150,502.	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	ETHIOPIA QURBANI - 2019	162,950.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI QURBANI - 2019	166,344.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI QURBANI - 2019	169,739.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR QURBANI - 2019	680,541.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER QURBANI - 2019	217,266.	WIRE	0.		
		SOUTH ASIA	PAKISTAN QURBANI - 2019	320,015.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA QURBANI - 2019	336,763.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA QURBANI - 2019	397,642.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN QURBANI - 2019	427,743.	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	AFGHANISTAN ORPHAN SPONSORSHIP - 2019	577,308.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA ORPHAN SPONSORSHIP - 2019	126,709.	WIRE	0.		
		SOUTH ASIA	BANGLADESH ORPHAN SPONSORSHIP - 2019	630,296.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA ORPHAN SPONSORSHIP - 2019	262,769.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHAD ORPHAN SPONSORSHIP - 2019	126,235.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA ORPHAN SPONSORSHIP - 2019	306,737.	WIRE	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA ORPHAN SPONSORSHIP - 2019	278,335.	WIRE	0.		
		SOUTH ASIA	INDIA ORPHAN SPONSORSHIP - 2019	517,951.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA ORPHAN SPONSORSHIP - 2019	132,717.	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	IRAQ ORPHAN SPONSORSHIP - 2019	264,354.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN ORPHAN SPONSORSHIP - 2019	1,314,153.	WIRE	0.		
		SUB-SAHARAN AFRICA	KENYA ORPHAN SPONSORSHIP - 2019	345,993.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO ORPHAN SPONSORSHIP - 2019	149,576.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	LEBANON ORPHAN SPONSORSHIP - 2019	631,956.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI ORPHAN SPONSORSHIP - 2019	85,918.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI ORPHAN SPONSORSHIP - 2019	393,955.	WIRE	0.		
		SUB-SAHARAN AFRICA	NIGER ORPHAN SPONSORSHIP - 2019	213,708.	WIRE	0.		
		SOUTH ASIA	PAKISTAN ORPHAN SPONSORSHIP - 2019	1,575,361.	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	SOMALIA ORPHAN SPONSORSHIP - 2019	479,335.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOUTH AFRICA ORPHAN SPONSORSHIP - 2019	143,289.	WIRE	0.		
		SOUTH ASIA	SRI LANKA ORPHAN SPONSORSHIP - 2019	123,160.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SYRIA ORPHAN SPONSORSHIP - 2019	828,690.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TUNISIA ORPHAN SPONSORSHIP - 2019	89,294.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN ORPHAN SPONSORSHIP - 2019	962,525.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - WINTERIZATION 2019	498,239.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - WINTERIZATION 2019	18,800.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - WINTERIZATION 2019	28,200.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - WINTERIZATION 2019	37,600.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - WINTERIZATION 2019	47,000.	WIRE	0.		
		SOUTH ASIA	NEPAL - WINTERIZATION 2019	47,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - WINTERIZATION 2019	94,000.	WIRE	0.		
		SOUTH ASIA	PAKISTAN - WINTERIZATION 2019	94,000.	WIRE	0.		
		SOUTH ASIA	BANGLADESH - WINTERIZATION 2019	141,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN - WINTERIZATION 2019	188,000.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - WINTERIZATION 2019	235,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	JORDAN - WINTERIZATION 2019	235,000.	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	LEBANON - WINTERIZATION 2019	235,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR - WINTERIZATION 2019	235,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - SYRIAN REFUGEES WINTERIZATION 2019	235,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI - WATER SUPPLY FOR RURAL MALAWI	5,400.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO COMMUNITIES AFFECTED BY FLOODS IN KENYA	9,035.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - STRENGTHENING RESPONSE CAPACITY AND INSTITUTIONAL	16,274.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI - EMERGENCY ASSISTANCE TO IDPS	29,993.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALAWI - EMERGENCY FLOOD RESPONSE	30,000.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN - EMERGENCY HUMANITARIAN ASSISTANCE FOR FLOOD	30,000.	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	EMERGENCY RAMADAN FOOD PACKAGES FOR PALESTINE	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ - EMERGENCY RESPONSE TO FLOOD AFFECTED PEOPLE	94,441.	WIRE	0.		
		SUB-SAHARAN AFRICA	CYCLONE IDAI EMERGENCY FLOOD RESPONSE	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EL-NINO RELIEF AND RECOVERY SCHOOL FEEDING INITIATIVE	349,139.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WESTBANK/GAZA - RAMADAN FOOD PACKAGES 2019	300,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	WESTBANK/GAZA - QURBANI 2019	400,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		510,640.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		557,536.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		486,992.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

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)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		527,363.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		524,261.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		510,830.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		521,004.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		454,314.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES	0.		520,814.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		519,167.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES	0.		520,420.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		555,227.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

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)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		523,264.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES	0.		528,835.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		SUB-SAHARAN AFRICA	SUDAN - MEDICINES	0.		6,545,461.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		519,860.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		499,311.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		502,594.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		525,376.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		SUB-SAHARAN AFRICA	CHAD - MEDICINES	0.		2,355,066.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES	0.		542,987.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

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 THE 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 REVIEWS THE SUBMITTED PROJECT

NARRATIVES AND BUDGET EXPENDITURE REPORT TO ENSURE THAT THE GRANT FUNDS

ARE BEING USED IN ACCORDANCE WITH THE PARAMETERS OF THE 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.

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.

6. IF AT ANY TIME DURING THE LIFE OF THE GRANT AGREEMENT, OR AS A RESULT OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE GRANT AGREEMENT, THE 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 ISSUES ARE RESOLVED TO THE SATISFACTION OF BOTH THE PROGRAMS AND FINANCE DEPARTMENTS.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: UNITED KINGDOM - STRENGTHENING RESPONSE CAPACITY AND INSTITUTIONAL DEVELOPMENT FOR EXCELLENCE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: AFGHANISTAN - EMERGENCY HUMANITARIAN ASSISTANCE FOR FLOOD AFFECTED FAMILIES IN BALKH PROVINCE

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. IN ADDITION, THE ORGANIZATION HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM 5713.

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

Part I

Fundraising Activities.

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

- e ☐ Solicitation of non-government grants

- b** ☐ Internet and email solicitations

- f** ☐ Solicitation of government grants

- c** ☐ Phone solicitations

- g** ☐ Special fundraising events

- d** ☐ In-person solicitations

- 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						

- 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 EAST RUTHERFORD, NJ - DINNER	(b) Event #2 ANAHEIM, CA - DINNER	(c) Other events 81	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	345,745.	253,942.	2,964,426.	3,564,113.
	2 Less: Contributions	252,640.	203,461.	2,654,704.	3,110,805.
	3 Gross income (line 1 minus line 2)	93,105.	50,481.	309,722.	453,308.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	51,521.	78,477.	683,432.	813,430.
	7 Food and beverages			128,384.	128,384.
	8 Entertainment	19,889.	19,889.	209,922.	249,700.
	9 Other direct expenses	32,886.	32,341.	662,829.	728,056.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,919,570.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,466,262.	

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.

[illegible]

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

2019

**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 noncash assistance	(h) Purpose of grant or assistance
JESSICA CARES 66 GROVE ST #2 HACKENSACK, NJ 07601	27-3813755	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
ISLAMIC SOCIAL SERVICES OF OREGON 10175 SW BARBUR BOULEVARD, SUITE 10 PORTLAND, OR 97219	38-3655438	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
MUSLIM FAMILY SERVICES OF COLORADO PO BOX 201645 DENVER, CO 80220	56-2402910	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
AL-MAUN 711 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	9,400.	0.			DAY OF DIGNITY 2019
SABIL USA PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	7,000.	0.			DAY OF DIGNITY 2019
BARAKAH MUSLIM CHARITY 584 JEFFERSON AVE ROCHESTER, NY 14611	46-4478039	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 76.

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.**

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASAT COMMUNITY 5623 RAINIER AVE S SEATTLE, WA 98118	46-4322594	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
DETROIT REVIVAL ENGAGING AMERICAM MUSLIMS (DREAM) - PO BOX 38152 - DETROIT, MI 48238	46-4246696	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
HUMBLE BEGINNINGS PO BOX 3103 PATERSON, NJ 07509	32-0363743	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
SHARE ATLANTA 1352 LARSON CT MARIETTA, GA 30064	45-0503956	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
MASJID AL-ISLAM 624 GEORGE ST NEW HAVEN, CT 06511	22-2777153	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
MUSLIM SOCIAL SERVICES AGENCY PO BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
COLLECTIONS OF STORIES OF AMERICAN MUSLIMS INC - 2315 MARTIN LUTHER KING JR. AVE SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
SHARE KENTUCKY 572 GEORGETOWN ST. LEXINGTON, KY 40508	26-4451642	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PLANNING ORGANIZATION 301 RHODE ISLAND AVE, NW WASHINGTON, DC 20001	52-0788987	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT - 1363 OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
AMANA FOUNDATION 104 COUNTY LINE ROAD PHILADELPHIA, PA 19116	52-2226372	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
YUSUF SHAH ISLAMIC CENTER OF MOUNT VERNON - 10 SOUTH 2ND AVENUE 3RD FLOOR - MOUNT VERNON, NY 10550	13-3288778	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
VILLAGE OF CHAMPIONS YOUTH NETWORK 807 N 63RD ST PHILADELPHIA, PA 19151	90-0983968	501(C)(3)	9,900.	0.			DAY OF DIGNITY 2019
NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
ARAB AMERICAN ASSOCIATION OF NEW YORK, INC. - 7111 5TH AVENUE - BROOKLYN, NY 11220	11-3604756	501(C)(3)	10,000.	0.			DAY OF DIGNITY 2019
ARAB AMERICAN ASSOCIATION OF NEW YORK, INC. - 7111 5TH AVENUE - BROOKLYN, NY 11220	11-3604756	501(C)(3)	19,910.	0.			QURBANI 2019
BAIT UL-JAMAAT (HOUSE OF COMMUNITY) - 119 CLARK LANE - STATEN ISLAND, NY 10304	47-4586458	501(C)(3)	8,100.	0.			QURBANI 2019

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT - 1363 OGDEN AVE - BRONX, NY 10452	80-0010627	501(C)(3)	15,000.	0.			QURBANI 2019
MICHIGAN MUSLIM COMMUNITY COUNCIL 30701 WOODWARD AVE., SUITE 310 ROYAL OAK, MI 48073	38-3073638	501(C)(3)	57,250.	0.			QURBANI 2019
MA'RUF DALLAS 9669 FOREST LN SUITE 1002 DALLAS, TX 75243	12-1234567	501(C)(3)	15,000.	0.			QURBANI 2019
AMERICAN MUSLIM COMMUNITY SERVICES NORTH BANK CENTER, SUITE 207 FLINT, MI 48439	47-2927555	501(C)(3)	15,000.	0.			QURBANI 2019
THE BUILDING BLOCKS OF ISLAM 716 PALISADE AVE UNION CITY, NJ 07087	27-3646101	501(C)(3)	15,000.	0.			QURBANI 2019
C-ASIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	15,000.	0.			QURBANI 2019
REFUGEE ENRICHMENT AND DEVELOPMENT ASSOCIATION INC (REDA INC) - 2919 FULTON AVE - SACRAMENTO, CA 95821	82-2023971	501(C)(3)	20,000.	0.			QURBANI 2019
SUPPORT LIFE FOUNDATION 2118 WALSH AVE, SUITE 110 SANTA CLARA, CA 95050	47-1675693	501(C)(3)	15,000.	0.			QURBANI 2019
UPLIFT CHARITY 17299 BRAMBLE CT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	15,000.	0.			QURBANI 2019

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 GREATER OKLAHOMA - 3815 N ST. CLAIR AVE - OKLAHOMA CITY, OK 73112	20-2351762	501(C)(3)	10,000.	0.			RAMADAN 2019
AMERICAN MUSLIM COMMUNITY SERVICES NORTH BANK CENTER, SUITE 207 FLINT, MI 48439	47-2927555	501(C)(3)	10,000.	0.			RAMADAN 2019
ARAB AMERICAN COMMUNITY CENTER 4300 LB MCLEOD SUITE B ORLANDO, FL 32811	20-4998635	501(C)(3)	10,000.	0.			RAMADAN 2019
ZAMAN INTERNATIONAL 13-633-1211 DEARBORN, MI 48126	20-1946065	501(C)(3)	10,000.	0.			RAMADAN 2019
THE MOSQUE FOUNDATION 7210 W 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	9,798.	0.			RAMADAN 2019
UPLIFT CHARITY 17299 BRAMBLE CT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	10,000.	0.			RAMADAN 2019
SAHABA INTIATIVE 1887 BUSINESS CENTER DR, SUITE 3 SAN BERNARDINO, CA 92408	45-2488503	501(C)(3)	10,000.	0.			RAMADAN 2019
D&R COMMUNITY INSTITUTE AND YOUTH INSTITUTE - 2041 BASIE DR - MARRERO, LA 70072	11-3656636	501(C)(3)	25,000.	0.			SUMMER FOOD SERVICE PROGRAM 2019
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	40,000.	0.			SUMMER FOOD SERVICE PROGRAM 2019

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
FJV FOUNDATION 1601 OSPREY DRIVE, SUITE 206 DESO TO, TX 75115	27-4684437	501(C)(3)	10,000.	0.			SUMMER FOOD SERVICE PROGRAM 2019
PURPLE HEARTS, INC 7603 FLAGSTONE ST FORT WORTH, TX 76118	45-2856302	501(C)(3)	10,000.	0.			SUMMER FOOD SERVICE PROGRAM 2019
ZAMAN INTERNATIONAL 26091 TROWBRIDGE INKSTER, MI 48141	20-1946065	501(C)(3)	10,000.	0.			SUMMER FOOD SERVICE PROGRAM 2019
PANAMA CITY ADVANCED SCHOOL 3332 TOKEN RD PANAMA CITY, FL 32405	59-3321453	501(C)(3)	75,000.	0.			HURRICANE MICHAEL RELIEF EFFORTS TO REPAIR THE DAMAGE CAUSED BY THE HURRICANE.
HUDSON COUNTRY BROTHERHOOD SISTERHOOD ASSOCIATION - 23 CHAPEL AVENUE - JERSEY CITY, NJ 07305	32-0539146	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - NJ TEEN DIALOGUE AND SERVICE PROJECT
MONMOUTH CENTER FOR WORLD RELIGIONS AND ETHICAL THOUGHT - 14 DANBURY COURT - RED BANK, NJ 07701	81-3589347	501(C)(3)	6,000.	0.			SILVER ANNIVERSARY GRANT - CIVIL DISCOURSE PROJECT
MUSLIM-JEWISH SOLIDARITY COMMITTEE 20 LIBERTY STREET WH NEWBURGH, NY 12550	81-1343379	501(C)(3)	19,400.	0.			SILVER ANNIVERSARY GRANT - LOVE YOUR NEIGHBOR PROGRAM
ISLAMIC ASSOCIATION OF RALEIGH 808 ATWATER STREET RALEIGH, NC 27607	58-1847133	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - OUR COMMON COMMUNITY
UNITED RELIGIOUS COMMUNITY OF ST. JOSEPH COUNTY - 501 N MAIN - SOUTH BEND, IN 46601	35-0942621	501(C)(3)	22,021.	0.			SILVER ANNIVERSARY GRANT - WELCOMING CONGREGATIONS SCOPE

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
GOOD SHEPERD LUTHERAN CHURCH 2925 OLD MISSOURI ROAD FAYETTEVILLE, AR 72703	71-0420393	501(C)(3)	5,200.	0.			SILVER ANNIVERSARY GRANT - PRESUMED GUILTY: CREATING A CIVIC IMAGINATION THROUGH
FAITH & CULTURE CENTER PO BOX 112045 NASHVILLE, TN 37222	46-4539795	501(C)(3)	6,800.	0.			SILVER ANNIVERSARY GRANT - COMMUNITY LEADERS AND BRIDGE-BUILDING PROGRAM
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN - HOUSTON, TX 77002	74-1488102	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - THE DIALOGUE PROJECT
COUNCIL ON AMERICAN-ISLAMIC RELATIONS, GREATER LOS ANGELES CHAPTER - 2180 CRESCENT AVENUE STE F - ANAHEIM, CA 92801	77-0411194	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - BRIDGING COMMUNITIES PROGRAM
BUILDING RESILIENT COMMUNITIES 301 N 9TH ST STE 312, ENTRANCE REC REDLANDS, CA 92374	46-2844712	501(C)(3)	25,000.	0.			SILVER ANNIVERSARY GRANT - REDLANDS AREA INTERFAITH EMERGENCY PREPAREDNESS AND RESPONSE
THE TIYYA FOUNDATION 505 N. TUSTIN AVENUE SUITE 280 SANTA ANA, CA 92705	27-3128801	501(C)(3)	17,600.	0.			SILVER ANNIVERSARY GRANT - BUILDING BRIDGES AND CROSSING BARRIERS: EDUCATION, SERVICE, AND
NARIKA PO BOX 7779 BERKELEY, CA 94707	94-3162871	501(C)(3)	15,000.	0.			SILVER ANNIVERSARY GRANT - THE SURVIVORS BRIDGING THE GAP PROJECT
SOMALI BANTU ASSOCIATION OF AMERICA - 4265 FAIRMONT AVE SUITE 210 - SAN DIEGO, CA 92105	27-3390797	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - THE COMMUNITY SUPPORTING TOLERANCE, ADVOCACY, NEGOTIATION,
FELLOWSHIP OF RECONCILIATION PO BOX 271 NYACK, NY 10960	13-3792144	501(C)(3)	22,220.	0.			SILVER ANNIVERSARY GRANT - COORDINATED COMMUNITY RESPONSE TO ISLAMAPHOBIA IN THE GREATER SEATTLE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM ASSOCIATION OF PUGET SOUND INC - 17550 NE 67TH CT - REDMOND, WA 98052	20-4423661	501(C)(3)	15,000.	0.			SILVER ANNIVERSARY GRANT - FAITH OVER FEAR VIDEO CAMPAIGN
KIDS4PEACE 110 MARYLAND AVE NE, SUITE 205 WASHINGTON, DC 20002	20-5419759	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - INTERFAITH BRIDGE-BUILDING IN SEATTLE, WA
SOMALI FAMILY SAFETY TASK FORCE 7054 32ND AVE S SEATTLE, WA 98118	91-2037139	501(C)(3)	10,000.	0.			SILVER ANNIVERSARY GRANT - BUILDING BRIDGES - SEATTLE/KING COUNTY WA
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103551	501(C)(3)	20,000.	0.			SILVER ANNIVERSARY GRANT - ONE BOSTON DAY
CAPITAL AREA NEW MAINERS PROJECT 121 COMMERCIAL STREET AUGUSTA, ME 04332	82-2409525	501(C)(3)	6,750.	0.			SILVER ANNIVERSARY GRANT - HOLIDAYS ACROSS AUGUSTA
UNITED WAY OF GREATER NASHUA 20 BROAD STREET, SUITE 1 NASHUA, NH 03064	02-6015642	501(C)(3)	7,800.	0.			SILVER ANNIVERSARY GRANT - CAMP KIDSWAY: A CROSS CULTURAL EXCHANGE SUMMER CAMP AND YOUTH LEADERSHIP
INTERFAITH WORKS 1010 JAMES STREET SYRACUSE, NY 13203	16-1064233	501(C)(3)	15,000.	0.			SILVER ANNIVERSARY GRANT - BEAUTIFICATION THROUGH INTERFAITH DIALOGUE
REFUGEE DREAM CENTER 340 LOCKWOOD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	25,000.	0.			SILVER ANNIVERSARY GRANT - REFUGEE YOUTH DREAM
HOWARD UNIVERSITY - DEAN OF THE CHAPEL - 2397 6TH STREET NW - WASHINGTON, DC 20059	53-0204707	501(C)(3)	9,500.	0.			SILVER ANNIVERSARY GRANT - NEXGEN LEADERS OF UNDERSTANDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	15,000.	0.			EMERGENCY RESPONSE TO FEDERAL GOVERNMENT SHUTDOWN
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC - 3210 DR. MARTIN LUTHER KING BLVD - FORT MYERS, FL 33902	65-0321309	501(C)(3)	25,000.	0.			TEEN CRIME PREVENTION PROGRAM
SOMALI COMMUNITY RESETTLEMENT SERVICES - 903 WEST CENTER ST SUITE 200 - ROCHESTER, MN 55902	31-1668255	501(C)(3)	18,400.	0.			SOMALI COMMUNITY RESETTLEMENT SERVICES- ZAKAT DISTRIBUTION
ACCESS CALIFORNIA 631 S BROOKHURST ST SUITE 107 ANAHEIM, GA 92804	33-0826205	501(C)(3)	33,000.	0.			EMERGENCY FINANCIAL ASSISTANCE/ ZAKAT PROGRAM
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY SUITE 1560 HOUSTON, TX 77074	26-3047598	501(C)(3)	33,000.	0.			CASE MANAGFOR SINGLE MOTHERS ARRIVED AS REFUGEES
TEXAS MUSLIM WOMEN FOUNDATION PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	10,000.	0.			TEXAS MUSLIM WOMEN'S FOUNDATION - PEACE IN THE HOME DOMESTIC VIOLENCE
INTERACTION: THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION - 1400 16TH STREET NW - WASHINGTON, DC 20036	13-3287064	501(C)(3)	58,000.	0.			THE TOGETHER PROJECT: WORKING TOGETHER TO PRESERVE SPACE FOR CIVIL SOCIETY

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DAY OF DIGNITY - PURCHASE OF COATS, HYGIENE, AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	14619	0.	415,395.	INVOICE	COATS, HYGIENE KITS, SCHOOL KITS
HARVEY RECOVERY - ASSISTANCE TO REBUILD HOUSES AS PART OF RECOVERY FROM HURRICANE HARVEY	12	0.	399,885.	INVOICE	SUPPLIES & EQUIPMENTS
FOOD PACKAGE FOR UNDER SERVED POPULATION	8358	0.	132,045.	INVOICE	FOOD
RAMADAN FOOD PACKAGES	10074	0.	120,067.	INVOICE	FOOD
RENTAL ASSISTANCE TO US BASED REFUGEE POPULATIONS	51	0.	114,350.	INVOICE	RENTAL ASSISTANCE

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

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

ORGANIZATIONS THAT ARE ABLE TO DEMONSTRATE:

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

(IRS);

- CURRENT STATE REGISTRATIONS.

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

Part 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
FINANCIAL ASSISTANCE - TO ASSIST WITH EXPENSES INCURRED DUE TO DAMAGE CAUSED BY TORNADOES TO INDIVIDUAL HOMES	2.	100,000.	0.		
2019 QURBANI	21,680.	0.	75,289.	INVOICE	FOOD
FOOD PACKAGE FOR UNDER SERVED POPULATION	5,000.	0.	63,000.	INVOICE	FOOD
TURKEY DISTRIBUTION - PURCHASES OF TURKIES FOR THANKSGIVING DISTRIBUTION	2,000.	0.	17,457.	INVOICE	FOOD
MLK DAY - PURCHASE OF FOOD AND HYGIENE ITEMS FOR UNDER SERVED POPULATION	1,200.	0.	16,376.	INVOICE	FOOD AND HYGIENE KITS
FOOD PACKAGES FOR UNDERSERVED POPULATION	722.	0.	11,119.	INVOICE	FOOD
DOMESTIC VIOLENCE PRESENTATION FOR REFUGEES TRAINING	12.	0.	720.	INVOICE	DOMESTIC VIOLENCE CLASS
DISTRIBUTION OF TOYS FOR KIDS FOR HOLIDAYS CELEBRATION	630.	0.	1,777.	INVOICE	TOYS

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: GOOD SHEPERD LUTHERAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT - PRESUMED

GUILTY: CREATING A CIVIC IMAGINATION THROUGH SHARED SERVICE LEARNING

NAME OF ORGANIZATION OR GOVERNMENT: BUILDING RESILIENT COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT - REDLANDS

AREA INTERFAITH EMERGENCY PREPAREDNESS AND RESPONSE COLLABORATIVE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: THE TIYYA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT - BUILDING

BRIDGES AND CROSSING BARRIERS: EDUCATION, SERVICE, AND CULTURAL EXCHANGE

NAME OF ORGANIZATION OR GOVERNMENT: SOMALI BANTU ASSOCIATION OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT - THE

COMMUNITY SUPPORTING TOLERANCE, ADVOCACY, NEGOTIATION, AND

DE-ESCALATIONWILL PROVIDE PEACE-KEEPING TRAINING AND ANTI-HATE DIALOGUE

TO COMMUNITY MEMBERS IN SAN DIEGO

NAME OF ORGANIZATION OR GOVERNMENT: FELLOWSHIP OF RECONCILIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT -

COORDINATED COMMUNITY RESPONSE TO ISLAMAPHOBIA IN THE GREATER SEATTLE

Part IV Supplemental Information

AREA

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER NASHUA

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER ANNIVERSARY GRANT - CAMP

KIDSWAY: A CROSS CULTURAL EXCHANGE SUMMER CAMP AND YOUTH LEADERSHIP

PROGRAM

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

2019

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 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	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported 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.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARIF ALY CHIEF EXECUTIVE OFFICER	(i)	146,161.	12,064.	0.	9,493.	36,137.	203,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANWAR AHMAD KHAN PRESIDENT	(i)	169,415.	12,816.	0.	10,934.	22,080.	215,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAREQ OSMAN CONTROLLER	(i)	139,128.	10,822.	0.	8,997.	10,075.	169,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) YOUSEF ABDALLAH EAST ZONAL MANAGER THRU 4/2019	(i)	93,917.	0.	106,466.	2,858.	15,321.	218,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AZHAR AZEEZ V.P. OF COMMUNITY AFFAIRS & ALLIANCE	(i)	135,887.	11,130.	0.	8,821.	43,964.	199,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID HAWA DIR OF COMMUNICATIONS	(i)	127,278.	9,909.	0.	8,231.	34,436.	179,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AHMED SHEHATA DIR OF FUND DEVELOPMENT	(i)	122,134.	9,666.	0.	7,908.	37,019.	176,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 4A:

YOUSEF ABDALLAH RECEIVED A SEVERANCE PAYMENT DURING THE CALENDAR YEAR. THE
PAYMENT IS INCLUDED IN PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN
BIII. THE TERMS AND CONDITIONS OF THE CONFIDENTIAL SEVERANCE AGREEMENT ARE
AVAILABLE TO THE INTERNAL REVENUE SERVICE UPON REQUEST.

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

2019

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	144	1,328,641.	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	1	9,655,731.	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

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?

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?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

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

2019

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 4,000

VOLUNTEERS ACROSS THE COUNTRY DURING 2019.

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) (2019)

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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GENERAL PATIENT CARE, AND A RESTROOM. HEALTH AND HYGIENE TRAINING AND

AWARENESS ACTIVITIES WILL BE CONDUCTED. EACH HEALTH CARE WILL BE

EQUIPPED WITH HIGH QUALITY MEDICAL SUPPLIES AND EQUIPMENT. ISLAMIC

RELIEF HAS COLLABORATED WITH THE MINISTRY OF HEALTH TO ENSURE THAT ONE

DOCTOR AND ONE NURSE WILL BE EMPLOYED AT EACH CENTER. THESE CENTERS

WILL PROVIDE ACCESS TO TREATMENT FOR COMMON DISEASES, PREVENTIVE CHILD

HEALTH SERVICES, REPRODUCTIVE HEALTH, TREATMENT OF INJURIES, AND HEALTH

EDUCATION.

-ISLAMIC RELIEF IS IMPROVING ACCESS TO QUALITY MEDICINE FOR PATIENTS IN

AFGHANISTAN BY PROVIDING ESSENTIAL MEDICINES TO THE GOVERNMENT

HEALTHCARE SYSTEM AND SPECIALIZED HEALTH FACILITIES FOR WOMEN AND

CHILDREN IN KABUL.

-TWO MOBILE CLINICS IN JORDAN ARE PROVIDING FREE PRIMARY CARE AND

MEDICINES TO SYRIANS AND VULNERABLE JORDANIANS. IN ADDITION TO THE

MOBILE CLINICS, THE PROJECT IS COVERING THE COST OF NEEDED SECONDARY

AND TERTIARY CARE, INCLUDING SURGERIES, AND PAYING FOR 10 SYRIANS TO

RECEIVE MUCH-NEEDED DIALYSIS AND RELATED MEDICATIONS. FINALLY, IR IS

WORKING WITH COMMUNITY-BASED ORGANIZATIONS TO DELIVER HEALTH AWARENESS

SESSIONS TO THE SYRIAN REFUGEE AND VULNERABLE JORDANIAN COMMUNITIES,

INCLUDING THE PROVISION OF KITS RELATED TO THE SPECIFIC TOPIC OF

DISCUSSION.

-FOLLOWING THE DEVASTATING EFFECTS OF CYCLONE IDAI IN MALAWI, ISLAMIC

RELIEF PROVIDED A RETURN PACKAGE THAT INCLUDED FOOD, PLASTIC SHEETING

FOR RECONSTRUCTION, AND SEEDS FOR 2,000 AFFECTED FAMILIES IN THE TWO

TRADITIONAL AUTHORITIES REACHING 45% OF THE AFFECTED FAMILIES. THE FOOD

PACK CONTAINED BASIC FOOD ITEMS REQUIRED FOR A FAMILY OF FIVE FOR ONE

MONTH; MAIZE, FLOUR, COOKING OIL, SOYA, AND SALT. THE SEEDS INCLUDE

POTATO VINES AND MAIZE SEED AS PER THE DEPARTMENT OF AGRICULTURE'S

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

RECOMMENDATION.

IN 2019, IRUSA ALSO CONTRIBUTED OR DELIVERED:

-RAMADAN FOOD BOXES (WHEAT, FLOUR, RICE, COOKING OIL, SALT, RED BEANS,

AND OTHER CONTENTS WHICH DIFFERED PER COUNTRY)

-QURBANI MEAT PACKETS (COW, SHEEP, GOAT, CAMEL, BULL)

-WINTERIZATION ITEMS (FIREWOOD, BLANKETS, WARM CLOTHING, AND OTHER

CONTENTS WHICH DIFFERED PER COUNTRY)

IN 2019 IRUSA DISTRIBUTED OVER EIGHTEEN MILLION DOLLARS IN IN-KIND

DONATIONS. IRUSA CONTRIBUTED OR DELIVERED DONATED PHARMACEUTICALS,

DISPOSABLES, AND MEDICAL SUPPLIES TO FOUR COUNTRIES - TURKEY, CHAD,

SUDAN, AND MACEDONIA.

-IRUSA DISTRIBUTED THREE CONTAINERS OF PHARMACEUTICALS TO FOUR PUBLIC

HOSPITALS IN CHAD, AND TWO HOSPITALS AND 33 PRIMARY HEALTH CENTERS IN

SUDAN, SERVING A TOTAL OF 316,966 BENEFICIARIES WITH PRIMARY, SECONDARY

AND TERTIARY HEALTHCARE.

-IRUSA DISTRIBUTED 19 CONTAINERS OF MEDICAL SUPPLIES TO FIVE PUBLIC

HOSPITALS AND UNIVERSITY CLINICS IN NORTH MACEDONIA AND TURKEY SERVING

OVER 95,200 BENEFICIARIES WITH PRIMARY, SECONDARY AND TERTIARY

HEALTHCARE

ESTIMATED BENEFICIARIES: 1,062,277

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

ESTIMATED BENEFICIARIES: 24,085

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

THESE ACTIVITIES BY BUILDING THE RESILIENCE OF ULTRA-POOR SMALLHOLDER

FARMERS TO THE EFFECTS OF CLIMATE CHANGE BY DEVELOPING PHYSICAL ASSETS,

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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SKILLS AND ABILITIES. THIS INTERVENTION IS COMPREHENSIVE IN NOT ONLY ADDRESSING THE ASSETS OF FARMERS, BUT ALSO ADDRESSING THE STRUCTURAL FACTORS SUCH AS MARKET PARTICIPATION AND ACCESS, AND SOCIAL INCLUSION. THIS PROJECT IS SEEKING TO CREATE VIABLE CONDITIONS FOR PRODUCTIVE ECONOMIC ACTIVITIES BUILT ON LOCAL INITIATIVES CONSISTING OF CREATING LIVELIHOOD OPPORTUNITIES, EMPLOYMENT AND REVIVING THE LOCAL ECONOMY.

-IN MYANMAR, IRUSA FUNDED PROJECTS ARE WORKING TOWARDS IMPROVING SOCIO-ECONOMIC CONDITIONS AND INCREASING ACCESS TO FOOD SECURITY AND LIVELIHOOD MEANS, WASH FACILITIES AND ABILITY TO COPE WITH FUTURE SHOCKS AND DISASTERS. THE PROPOSED ACTIONS INCREASE INCOME AND PRODUCTIVE ASSETS OF THE TARGETED VULNERABLE EXTREME POOR HOUSEHOLDS. PROJECTS FOCUS ON SELECTING POOR HOUSEHOLDS FOR BUSINESS DEVELOPMENT TRAINING AND SUPPORT, WITH PRIORITY GIVEN TO FEMALE-HEADED HOUSEHOLDS AND ARE FORMING SAVINGS GROUPS FOR COMMUNITY CAPACITY BUILDING ON FINANCIAL MANAGEMENT, LEADERSHIP, AND GROUP DEVELOPMENT.

-IN BOSNIA-HERZEGOVINA, WHERE THE COUNTRY'S ECONOMY IS STILL RECOVERING FROM THE WAR, POVERTY IS MORE PREVALENT IN RURAL AREAS. AGRICULTURE HAS PROVEN TO BE A PROMISING FIELD AS IT DOUBLES AS FOOD SECURITY FOR THE FAMILY AND AN OPPORTUNITY OF INCOME SUPPORT TO UPLIFT COMMUNITIES INTO SUSTAINABLE BUSINESSES. ONE OF OUR FUNDED PROJECTS WORKS TO PROVIDE LIVELIHOOD ENHANCEMENT TO 58 FAMILIES THROUGH TRAINING RELATED TO CULTIVATING ORGANIC VEGETABLES, COMMERCE DISTRIBUTION AND LINKING FARMERS TO THE LOCAL MARKET THROUGH AGRICULTURAL COMPANIES.

-IN PALESTINE, FUNDING FROM IRUSA WILL WORK TO ADDRESS THE CONSTRAINTS OF MARKET LIMITATIONS, LIMITED EMPLOYMENT OPPORTUNITIES AND A LACK OF WORKPLACE SKILLS THROUGH A PROGRAM THAT IS INCREASING EMPLOYMENT AND SELF-EMPLOYMENT OPPORTUNITIES FOR YOUTH IN GAZA BY PROVIDING THEM WITH CUSTOMIZED TRAINING PROGRAMS. THE PROJECT IS PROVIDING UNEMPLOYED YOUTH

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IN GAZA WITH DEMAND-DRIVEN TRAINING AND CONTRACT JOB/INTERNSHIP

PLACEMENTS IN GROWING SECTORS, ENTREPRENEURSHIP TRAINING AND RESOURCE

CONNECTIONS TO ASPIRING YOUNG ENTREPRENEURS, WORK READINESS AND CAREER

GUIDANCE TRAINING TO ENROLLED STUDENTS IN UNIVERSITIES AND COLLEGES.

THROUGH THESE TRAINING PROGRAMS, YOUTH IN GAZA WILL BE BETTER EQUIPPED

TO PARTICIPATE IN THE LABOR FORCE AS EMPLOYEES AND ENTREPRENEURS.

ESTIMATED BENEFICIARIES: 1,371,117

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

U.S. PROGRAMS:

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

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.

SEASONAL PROGRAMS -

-RAMADAN FOOD BOXES

-QURBANI (MEAT DISTRIBUTION)

-SUMMER FOOD SERVICE PROGRAM

-THANKSGIVING TURKEY DISTRIBUTION

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

DAY OF DIGNITY (TM) - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS,

AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS,

REFUGEE, POOR WORKING COMMUNITIES).

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DISASTER RESPONSE TEAM (DRT) - DEPLOYS VOLUNTEERS AROUND THE COUNTRY TO RESPOND TO DOMESTIC DISASTERS IN THE UNITED STATES. DURING THE RESPONSE PHASE OF THE DISASTER CYCLE, OUR TEAM PROVIDES ASSISTANCE TO THE AMERICAN RED CROSS WITH STAFFING SHELTERS AND CONDUCTING DETAIL DAMAGE ASSESSMENTS. DRT ALSO PROVIDES FINANCIAL ASSISTANCE TO DISASTER SURVIVORS AND DEPLOY VOLUNTEER TEAMS TO ASSIST WITH DISASTER RECOVERY BY ASSISTING WITH HOME REBUILDING.

BENEFICIARIES: 132,367

EXPENSES \$ 3,175,851. INCLUDING GRANTS OF \$ 2,680,199. REVENUE \$ 0.

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:

-IN BANGLADESH, IR IS REDUCING EXTREME POVERTY AND VULNERABILITY IN URBAN AREAS IN DHAKA AND BUILDING COMMUNITY RESILIENCE AGAINST DISASTERS AND EMERGENCIES. THE PROJECT IS PROVIDING HOUSEHOLD LIVELIHOOD SUPPORT FOR 600 EXTREMELY POOR HOUSEHOLDS AND FORMING GREEN SOCIAL ENTERPRISES - BUSINESSES THAT CONTRIBUTE TO IMPROVEMENTS IN AREAS LIKE DISASTER PREPAREDNESS, ENVIRONMENT, SANITATION, HEALTH, HYGIENE, SOCIAL & GENDER RIGHTS. URBAN YOUTHS WILL ALSO BE GIVEN OPPORTUNITIES TO START GREEN BUSINESSES LIKE ROOFTOP GARDENING, SOLID WASTE MANAGEMENT, WATER MANAGEMENT, TREE PLANTING, FOOD CARTS,

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CATERING, ETC. IR BANGLADESH IS COLLABORATING WITH PUBLIC POLICY AND

RESEARCH CENTERS TO REVIEW URBAN POLICIES AND DO ADVOCACY AROUND ISSUES

OF ENVIRONMENTAL SUSTAINABILITY, DISASTER RISK REDUCTION, CLIMATE

CHANGE ADAPTATION, AND PROTECTION & INCLUSION FOR THE SOCIALLY EXCLUDED

LIKE THE DISABLED, WOMEN, AND ELDERLY.

- IN ECUADOR, IRUSA PARTNERED WITH HIAS TO PROVIDE CASH ASSISTANCE,

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, INTENSIVE CASE MANAGEMENT,

ENTREPRENEURSHIP SUPPORT, AND SKILLS-BASED TRAINING TO DISPLACED

VENEZUELAN WOMEN IN ECUADOR.

-IN LEBANON, IRUSA PROVIDED FUNDING TO IMPROVE THE INFRASTRUCTURE OF

INFORMAL SYRIAN REFUGEE CAMPS IN THE BEKAA VALLEY AFTER NORMA STORM

CAUSED EXTENSIVE FLOODING AND DAMAGE IN EARLY 2019. THE PROJECT CREATED

HIGHER EMBANKMENTS AROUND THE RIVER, SET TENTS ON CONCRETE SLABS, AND

IMPROVED DRAINAGE ALONG PATHWAYS IN CAMPS AS WELL AS IMPROVING A ROAD

TO SEVERAL CAMPS DAMAGED BY THE STORM.

- MOZAMBIQUE WAS HIT BY TWO TROPICAL CYCLONES IN THE SAME SEASON FOR

THE FIRST TIME IN RECORDED HISTORY IN 2019, AFFECTING OVER 2 MILLION

PEOPLE OVERALL AND BRINGING WIDESPREAD DESTRUCTION. ALL ASPECTS OF LIFE

HAD BEEN DISRUPTED. INFRASTRUCTURE WAS DESTROYED, LEAVING PEOPLE TO

TAKE REFUGE IN PLACES OF WORSHIP AND SCHOOLS WHICH LED TO A CLOSURE OF

SCHOOLS. WATER WELLS WERE CONTAMINATED MAKING IT UNSAFE TO DRINK

DISEASE-INFESTED WATER, AND FARMLANDS WERE SUBMERGED, DESTROYING

LIVELIHOODS AND FOOD SECURITY. IN COLLABORATION WITH THE CATHOLIC

AGENCY FOR OVERSEAS DEVELOPMENT AND AVSI, THIS PROJECT HAS FOCUSED ON

STRENGTHENING THE SCHOOL SYSTEM BY IMPLEMENTING CLASSROOM

REHABILITATION AND DISASTER RISK REDUCTION ACTIVITIES.

- IN PALESTINE, IRUSA PROVIDED FUNDING TO ANERA TO PROCURE AND IMPORT

HIGH-NEED MEDICINE AND MEDICAL SUPPLIES IN GAZA AND THE WEST BANK.

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AFTER AN INCREASE IN HOSTILITIES IN GAZA IN LATE 2019, IRUSA ADDED AN

ADDITIONAL \$50,000 TO THE GRANT TO PROVIDE MORE LOCALLY PROCURED

MEDICINE AND MEDICAL SUPPLIES.

ESTIMATED BENEFICIARIES: 353,511

EXPENSES \$ 3,159,669. INCLUDING GRANTS OF \$ 2,632,315. 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:

- IRUSA FUNDED PROJECTS INCREASED ACCESS TO CLEAN WATER, USING GREEN

ENERGY, BY INSTALLING HYBRID WATER PUMPING SYSTEMS, REHABILITATING

WATER SUPPLY LINES, DRILLING REPLACEMENT BOREHOLES, EQUIPPING OF

SHALLOW WELLS WITH SOLAR-POWERED SUBMERSIBLE WATER PUMPS, INSTALLING

WATER STORAGE TANKS, AND SUPPORTING CAPACITY BUILDING FOR WATER USER'S

ASSOCIATION AND ENVIRONMENTAL CAMPAIGNS

- IRUSA FUNDED PROJECTS WILL SUPPORT INSTALLING MODERN WATER SOURCES

WHILE MULTIPLYING THE WATER COLLECTION POINTS THUS REDUCING COLLECTION

TIME AND DISPUTES. WITH THE PROJECT, THE COVERAGE OF DRINKING WATER

NEEDS WILL BE 100% MET IN THE VILLAGES OF INTERVENTION, UP FROM

PREVIOUS COVERAGE OF 23%. PROJECT STAFF WILL ALSO SENSITIZE COMMUNITIES

FOR THE EXCLUSIVE USE OF CLEAN DRINKING WATER SOURCES. THESE COMBINED

ACTIONS WILL CONTRIBUTE TO THE GRADUAL ABANDONMENT OF THE USE OF UNSAFE

WATER SOURCES.

- IRUSA FUNDS ARE UTILIZED TO IMPROVE PROTECTION, PRIVACY, AND LIVING

CONDITION OF THE TARGETED VULNERABLE IDPS AND EXTREMELY POOR AND

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MARGINALIZED HOST COMMUNITIES THROUGH EXPANDING WOMEN, GIRLS' AND

ELDERLIES' ACCESS TO WATER, SANITATION, AND HYGIENE FACILITIES AND

IMPROVED LIVING CONDITIONS. CONSTRUCTION OF FEMALE-SPECIFIC LATRINES

AND SHOWER POINTS, ALONG WITH THE CONSTRUCTION OF PRIVACY FENCES ARE

ALL COMPONENTS OF THIS PROJECT.

-IRUSA FUNDS ARE ADDRESSING POOR ACCESS TO POTABLE WATER IN SECONDARY

SCHOOL, WHERE CHILDREN RELY ON ONE OPEN WELL DUG. THE WELL IS SUBJECT

TO POLLUTION, HEIGHTENING RISKS OF WATERBORNE DISEASE PREVALENCE, AND

IS THUS UNSAFE FOR DRINKING. ADDITIONALLY, COLLECTING WATER FROM OPEN

WELLS IS HARD AND RISKY FOR CHILDREN. THIS PROJECT COMES TO FILL THE

GAP THAT WILL ENABLE BETTER ACCESS TO SAFE WATER FOR STUDENTS AS WELL

AS HYGIENE CONDITIONS.

-IRUSA FUNDS CONSTRUCTED SAND DAMS WHICH REDUCED VULNERABILITY TO THE

ADVERSE IMPACT OF CLIMATE CHANGE INCLUDING DROUGHT THROUGH IMPROVED

ACCESS TO ALTERNATIVE WATER SOURCES.

ESTIMATED BENEFICIARIES: 159,363

EXPENSES \$ 54,949. INCLUDING GRANTS OF \$ 44,385. 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:

- IRUSA IS INCREASING ACCESS TO EDUCATION FOR OUT OF SCHOOL GIRLS,

INCLUDING ORPHANS, IDP, AND VULNERABLE CHILDREN TO PRIMARY EDUCATION BY

PROVIDING GOVERNMENT SCHOOLS WITH 190 QUALIFIED FEMALE TEACHERS,

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PROVIDING STATIONERY AND TEACHING MATERIALS, AND RAISING AWARENESS ON

CHILD RIGHTS. THE PROJECT IS ALSO IDENTIFYING AND REGISTERING 6,000

GIRLS THAT ARE OUT OF SCHOOL AND PROVIDING THEM WITH ACCESS TO QUALITY

EDUCATION.

- IRUSA FUNDED PROJECTS PROMOTE BASIC EDUCATION OPPORTUNITIES, THE

PROJECT IS DEVELOPED TO IMPROVE THE BASIC SCHOOL LEARNING,

RECREATIONAL, AND HEALTHY ENVIRONMENT AND RAISE COMMUNITIES' AWARENESS

ON CHILD EDUCATION TO HELP ADDRESS CRITICAL PARAMETERS LINKED TO

SCHOOL-AGE CHILDREN'S ENROLMENT AND DROP-OUT.

ESTIMATED BENEFICIARIES: 51,767

EXPENSES \$ 20,148. INCLUDING GRANTS OF \$ 16,274. REVENUE \$ 0.

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

IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE

BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN

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

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

TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF

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

THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY.

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

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

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

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

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

THE BOARD OF DIRECTORS REVIEW RECOMMENDED COMPENSATION LEVELS IN LIGHT OF
MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS,
RELEVANT SALARY SURVEYS, IRS FORM 990 DATA FROM SIMILARLY SITUATED NGOS,
AND OTHER 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:

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

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	2,237,774.
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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
88 WHEELER FOUNDATION LLC - 27-1092788 PO BOX 23862 ALEXANDRIA, VA 22304	REAL ESTATE	VIRGINIA	0.	3,560,684.	ISLAMIC RELIEF USA

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

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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

	Yes	No
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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IRUSA WAQF	K	79,374.	INVOICE
(2) IRUSA WAQF	P	793.	INVOICE
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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. 1545-0047

► **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.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	ISLAMIC RELIEF USA	95-4453134
	Number, street, and room or suite no. If a P.O. box, see instructions. 3655 WHEELER AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22304	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 2019 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.