

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

ISLAMIC RELIEF USA

95-4453134

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> 109,605,837.
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize RSM US LLP to enter my PIN 22304  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

DocuSigned by: Sharif Aly Date 05-Nov-2021  
Signature of officer or person subject to tax

## 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 2020 electronically filed return 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 Date 11/03/21

**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** (2020)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ISLAMIC RELIEF USA</b></td> <td rowspan="2"><b>D</b> Employer identification number  95-4453134</td> </tr> <tr> <td colspan="2">Doing business as <b>ISLAMIC RELIEF/IRUSA</b></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"><b>E</b> 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="2"><b>F</b> Name and address of principal officer: SHARIF ALY SAME AS C ABOVE</td> <td><b>G</b> Gross receipts \$ 112,248,900.</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ WWW.IRUSA.ORG</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1993</td> <td><b>M</b> State of legal domicile: CA</td> </tr> </table>	<b>C</b> Name of organization <b>ISLAMIC RELIEF USA</b>		<b>D</b> Employer identification number  95-4453134	Doing business as <b>ISLAMIC RELIEF/IRUSA</b>		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.		<b>E</b> Telephone number  703-370-7202	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304		<b>F</b> Name and address of principal officer: SHARIF ALY SAME AS C ABOVE		<b>G</b> Gross receipts \$ 112,248,900.	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: ▶ WWW.IRUSA.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	<b>L</b> Year of formation: 1993		<b>M</b> State of legal domicile: CA
<b>C</b> Name of organization <b>ISLAMIC RELIEF USA</b>		<b>D</b> Employer identification number  95-4453134																								
Doing business as <b>ISLAMIC RELIEF/IRUSA</b>																										
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3655 WHEELER AVE.		<b>E</b> Telephone number  703-370-7202																								
City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22304																										
<b>F</b> Name and address of principal officer: SHARIF ALY SAME AS C ABOVE		<b>G</b> Gross receipts \$ 112,248,900.																								
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
<b>J</b> Website: ▶ WWW.IRUSA.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶																								
<b>L</b> Year of formation: 1993		<b>M</b> State of legal domicile: CA																								

<b>Part I Summary</b>																									
<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER,</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>3</b> Number of voting members of the governing body (Part VI, line 1a)</td> <td style="text-align: right;">3</td> <td style="text-align: right;">7</td> </tr> <tr> <td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: right;">4</td> <td style="text-align: right;">7</td> </tr> <tr> <td><b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)</td> <td style="text-align: right;">5</td> <td style="text-align: right;">148</td> </tr> <tr> <td><b>6</b> Total number of volunteers (estimate if necessary)</td> <td style="text-align: right;">6</td> <td style="text-align: right;">4000</td> </tr> <tr> <td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12</td> <td style="text-align: right;">7a</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11</td> <td style="text-align: right;">7b</td> <td style="text-align: right;">0.</td> </tr> </table>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	7	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	7	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	148	<b>6</b> Total number of volunteers (estimate if necessary)	6	4000	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.						
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	7																							
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	7																							
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	148																							
<b>6</b> Total number of volunteers (estimate if necessary)	6	4000																							
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.																							
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.																							
<b>Revenue</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">90,129,250.</td> <td style="text-align: right;">108,900,647.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">8,039.</td> <td style="text-align: right;">570,910.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-1,433,852.</td> <td style="text-align: right;">134,280.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">88,703,437.</td> <td style="text-align: right;">109,605,837.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	90,129,250.	108,900,647.	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,039.	570,910.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,433,852.	134,280.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,703,437.	109,605,837.						
	Prior Year	Current Year																							
<b>8</b> Contributions and grants (Part VIII, line 1h)	90,129,250.	108,900,647.																							
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.																							
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,039.	570,910.																							
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,433,852.	134,280.																							
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,703,437.	109,605,837.																							
<b>Expenses</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">41,456,970.</td> <td style="text-align: right;">47,370,912.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">12,923,162.</td> <td style="text-align: right;">13,137,394.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,640,555.</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">15,606,432.</td> <td style="text-align: right;">11,551,540.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">69,986,564.</td> <td style="text-align: right;">72,059,846.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">18,716,873.</td> <td style="text-align: right;">37,545,991.</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,456,970.	47,370,912.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,923,162.	13,137,394.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,640,555.			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,606,432.	11,551,540.	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,986,564.	72,059,846.	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,716,873.	37,545,991.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,456,970.	47,370,912.																							
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																							
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,923,162.	13,137,394.																							
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																							
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,640,555.																									
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,606,432.	11,551,540.																							
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,986,564.	72,059,846.																							
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,716,873.	37,545,991.																							
<b>Net Assets or Fund Balances</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;">81,701,254.</td> <td style="text-align: right;">116,670,964.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;">13,099,132.</td> <td style="text-align: right;">7,059,343.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">68,602,122.</td> <td style="text-align: right;">109,611,621.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	81,701,254.	116,670,964.	<b>21</b> Total liabilities (Part X, line 26)	13,099,132.	7,059,343.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	68,602,122.	109,611,621.												
	Beginning of Current Year	End of Year																							
<b>20</b> Total assets (Part X, line 16)	81,701,254.	116,670,964.																							
<b>21</b> Total liabilities (Part X, line 26)	13,099,132.	7,059,343.																							
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	68,602,122.	109,611,621.																							

<b>Part II Signature Block</b>																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">▶ Signature of officer</td> <td>Date</td> </tr> <tr> <td>▶ SHARIF ALY, CEO</td> <td></td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>	▶ Signature of officer	Date	▶ SHARIF ALY, CEO		Type or print name and title										
▶ Signature of officer	Date															
▶ SHARIF ALY, CEO																
Type or print name and title																
<b>Paid Preparer Use Only</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name WILLIAM E TURCO, CPA</td> <td>Preparer's signature </td> <td>Date 11/03/21</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00369217</td> </tr> <tr> <td>Firm's name ▶ RSM US LLP</td> <td colspan="2">Firm's EIN ▶ 42-0714325</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878</td> <td colspan="3">Phone no. 301-296-3600</td> </tr> </table>	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature 	Date 11/03/21	Check if self-employed <input type="checkbox"/>	PTIN 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		
Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature 	Date 11/03/21	Check if self-employed <input type="checkbox"/>	PTIN 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 Accomplishments

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

1 Briefly describe the organization's mission: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER, RACE, OR RELIGION, AND WORKS TO EMPOWER INDIVIDUALS IN THEIR COMMUNITIES AND GIVE THEM A VOICE IN THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 \$ 13,840,821. including grants of \$ 12,008,100. ) (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.

4b (Code: ) (Expenses \$ 12,089,087. including grants of \$ 10,383,780. ) (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.

ADDITIONALLY, IN 2020 IRUSA DELIVERED 13 (40 FEET) CONTAINERS OF DONATED PHARMACEUTICALS, MEDICAL SUPPLIES AND DISPOSABLES TOTAL VALUE (\$9,655,731 MILLION DOLLARS) TO FOUR COUNTRIES - AFGHANISTAN, MALI,

4c (Code: ) (Expenses \$ 7,814,979. including grants of \$ 6,771,988. ) (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 ETHIOPIA, IRUSA IS WORKING TO INCREASE THE HOUSEHOLD INCOME AND ENHANCE THE RESILIENCE OF POOR PASTORAL HOUSEHOLDS THROUGH DIVERSIFYING THEIR INCOME SOURCES THAT LEAD TOWARDS STRENGTHENING THEIR ECONOMIC

4d Other program services (Describe on Schedule O.) (Expenses \$ 20,665,974. including grants of \$ 18,207,044. ) (Revenue \$ )

4e Total program service expenses 54,410,861.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) ANWAR AHMAD KHAN PRESIDENT	40.00 3.00			X			199,327.	0.	36,056.	
(2) SHARIF ALY CHIEF EXECUTIVE OFFICER	40.00 3.00			X			180,933.	0.	51,291.	
(3) AZHAR AZEEZ DIR, STRATEGIC PARTNERSHIPS & ALLIAN	40.00				X		146,793.	0.	59,075.	
(4) SHERIF AHMED CHIEF OPERATING OFFICER	40.00			X			167,180.	0.	35,684.	
(5) TAREQ OSMAN CONTROLLER	40.00			X			164,416.	0.	34,810.	
(6) AHMED SHEHATA DIR, FUND DEVELOPMENT	40.00				X		147,977.	0.	49,716.	
(7) DAVID HAWA DIRECTOR, MARKETING	40.00 3.00				X		150,381.	0.	44,863.	
(8) MOHAMMAD TAMMAM DANDASHI DIR, BUSINESS SERVICES	40.00				X		139,982.	0.	47,247.	
(9) CHRISTINA TOBIAS-NAHI DIR, COMMUNICATION & PUBLIC AFFAIRS	40.00				X		135,732.	0.	7,918.	
(10) NANCY KHALIL CORPORATE SECRETARY TILL 4/20/21	3.00	X		X			0.	0.	0.	
(11) KHALED LAMADA DIRECTOR	3.00	X					0.	0.	0.	
(12) IHAB M. HAMDI SAAD DIRECTOR	3.00	X					0.	0.	0.	
(13) HUSSEIN ATA TREASURER	3.00	X		X			0.	0.	0.	
(14) AHMED AZAM DIRECTOR	3.00	X					0.	0.	0.	
(15) HAMDY RADWAN VICE CHAIRMAN	3.00	X		X			0.	0.	0.	
(16) HAMADI BENGABSIA CHAIRMAN OF THE BOARD	3.00 0.00	X		X			0.	0.	0.	



**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			
<b>1b Subtotal</b> .....							1,432,721.	0.	366,660.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,432,721.	0.	366,660.	

**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 **13**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GOOGLE INC, 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043-1351 FACEBOOK.COM	SOFTWARE/ONLINE STORAGE/ADVERTISING	4,415,019.
1 HACKER WAY, MENLO PARK, CA 94025 MORE VANG	ADVERTISING	981,672.
PO BOX 16240, ALEXANDRIA, VA 22302 JACKSON RIVER, LLC	PRINT MATERIALS	792,288.
PO BOX 931604, ATLANTA, GA 31193 CRITEO CORP	ONLINE SOFTWARE PLATFORM	436,022.
PO BOX 392422, PITTSBURGH, PA 15251	ADVERTISING	434,000.

**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 **19**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	205,353.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	108,695,294.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,422,594.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		108,900,647.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		87,235.		87,235.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	3,039,030.	21,031.		
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	2,576,386.	0.		
<b>d</b>	Net gain or (loss) .....		462,644.	21,031.	483,675.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 205,353. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	200,957.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>	66,677.				
<b>c</b>	Net income or (loss) from fundraising events .....		134,280.		134,280.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		109,605,837.	0.	0.	705,190.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,798,600.	5,798,600.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,338,170.	2,338,170.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	39,234,142.	39,234,142.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	870,550.	287,921.	71,664.	510,965.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,844,707.	2,925,253.	728,096.	5,191,358.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	322,122.	106,537.	26,517.	189,068.
<b>9</b> Other employee benefits .....	2,308,466.	763,490.	190,033.	1,354,943.
<b>10</b> Payroll taxes .....	791,549.	261,793.	65,160.	464,596.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	287,927.	140,541.	35,123.	112,263.
<b>c</b> Accounting .....	74,238.	36,236.	9,056.	28,946.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	239,222.	116,767.	29,182.	93,273.
<b>12</b> Advertising and promotion .....	5,148,534.	1,239,436.	1,543,065.	2,366,033.
<b>13</b> Office expenses .....	3,035,489.	703,048.	836,019.	1,496,422.
<b>14</b> Information technology .....	386,792.	92,830.	111,958.	182,004.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	470,873.	86,604.	111,006.	273,263.
<b>17</b> Travel .....	302,637.	89,279.	36,739.	176,619.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	88,593.	233.	3,632.	84,728.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	227,816.	36,003.	108,376.	83,437.
<b>23</b> Insurance .....	131,858.	31,646.	35,403.	64,809.
<b>24</b> 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.)				
<b>a</b> COMMUNITY EVENT SPONSOR	834,823.	28,275.	5,976.	800,572.
<b>b</b> HONORARIUM	144,328.	3,101.	4,300.	136,927.
<b>c</b> SHIPPING AND HANDLING	90,817.	90,817.		
<b>d</b> PROF EDUC & TRAINING	87,593.	139.	57,125.	30,329.
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,059,846.	54,410,861.	4,008,430.	13,640,555.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	46,716,356.	<b>1</b>	42,376,959.
	<b>2</b> Savings and temporary cash investments .....	51,498.	<b>2</b>	90,808.
	<b>3</b> Pledges and grants receivable, net .....	10,368,463.	<b>3</b>	57,712,274.
	<b>4</b> Accounts receivable, net .....	395,406.	<b>4</b>	15,833.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	9,655,731.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,443,059.	<b>9</b>	975,493.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,079,862.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,390,546.	3,849,684.	<b>10c</b> 3,689,316.
	<b>11</b> Investments - publicly traded securities .....	7,175,971.	<b>11</b>	11,765,195.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	45,086.	<b>15</b>	45,086.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	81,701,254.	<b>16</b>	116,670,964.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,909,854.	<b>17</b>	1,807,077.
	<b>18</b> Grants payable .....	9,189,278.	<b>18</b>	3,051,947.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	2,200,319.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,099,132.	<b>26</b>	7,059,343.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	28,116,571.	<b>27</b>	45,117,047.
	<b>28</b> Net assets with donor restrictions .....	40,485,551.	<b>28</b>	64,494,574.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	68,602,122.	<b>32</b>	109,611,621.
<b>33</b> Total liabilities and net assets/fund balances .....	81,701,254.	<b>33</b>	116,670,964.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	109,605,837.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,059,846.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,545,991.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	68,602,122.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,668,061.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	795,447.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	109,611,621.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <p style="text-align:center">ISLAMIC RELIEF USA</p>	Employer identification number <p style="text-align:center">95-4453134</p>
---	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	104,682,885.	145,421,015.	117,860,557.	90,129,250.	109,101,604.	567,195,311.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	104,682,885.	145,421,015.	117,860,557.	90,129,250.	109,101,604.	567,195,311.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						567,195,311.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	104,682,885.	145,421,015.	117,860,557.	90,129,250.	109,101,604.	567,195,311.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						567,276,028.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.99 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.99 %

**16a 33 1/3% support test - 2020.** 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 .....

**b 33 1/3% support test - 2019.** 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 .....

**17a 10% -facts-and-circumstances test - 2020.** 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 .....

**b 10% -facts-and-circumstances test - 2019.** 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 .....

**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 .....

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**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.

2020 AMOUNT: \$ 0.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <p style="text-align: center;">ISLAMIC RELIEF USA</p>	Employer identification number <p style="text-align: center;">95-4453134</p>
---	---

**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	13,537.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	13,537.													
<b>d</b>	Other exempt purpose expenditures .....	72,112,986.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	72,126,523.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	12,434.	100,352.	11,281.	13,537.	137,604.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

---



---



---



---



---



---



---



---



---



---



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Conservation Easements section containing multiple questions (1-9) about easement purposes, monitoring, and reporting, with a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Part III section containing questions 1a, 1b, and 2 regarding the reporting of art and historical treasures, with dollar amount fields for revenue and assets.

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,303,279.		1,303,279.
b Buildings		3,006,502.	870,487.	2,136,015.
c Leasehold improvements		36,725.	20,362.	16,363.
d Equipment		35,000.	21,000.	14,000.
e Other		698,356.	478,697.	219,659.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,689,316.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL PROTECTION PROGRAM LOAN	2,200,319.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,200,319.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	109,197,805.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	96,201.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	96,201.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	109,101,604.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	504,233.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	504,233.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	109,605,837.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	70,060,948.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-417,605.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-417,605.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	70,478,553.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,581,293.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,581,293.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	72,059,846.

**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 THAT 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, 2020.

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

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

CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE

**Part XIII** Supplemental Information *(continued)*

GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. IRUSA FILES TAX RETURNS IN 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 2017.

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

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 96,201.

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

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B -66,677.

REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 21,031.

INVESTMENT INCOME 549,879.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 504,233.

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

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 311,200.

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 66,677.

GRANT REFUNDS -795,482.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -417,605.

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

CONTRIBUTION TO IRUSA WAQF 1,581,293.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open 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		722,301.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		1,711,627.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		15,519,116.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		449,686.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS		75,347.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		8,025,702.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		12,680,363.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		50,000.
<b>3 a</b> Subtotal .....	0	0			39,234,142.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			39,234,142.

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

Schedule F (Form 990) 2020

**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)
		MIDDLE EAST AND NORTH AFRICA	TUNISIA CHILD FRIENDLY SCHOOL PROJECT	1,000,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PURSuing EXCELLENCE THROUGH LEARNING & EFFECTIVENESS "PELE" PHASE 2	5,301.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA RAINWATER HARVESTING SOLUTIONS-SAND DAMS	305,152.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESPONDING TO NORMA STORM IN LEBANON	220,233.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAPID RESPONSE TO SAVE LIVES IN KENYA, GARISSA AND WAJIR	384,039.	WIRE	0.		
		SOUTH ASIA	INTEGRATED SUPPORT FOR DISPLACED AND HOST COMMUNITIES IN COXS BAZAR,	998,746.	WIRE	0.		
		SUB-SAHARAN AFRICA	SOMALIA EMERGENCY DROUGHT RESPONSE	300,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	IDPS RESPONSE IN SEGOU, MALI	49,992.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 13

3 Enter total number of other organizations or entities ..... ►

SEE PART V FOR COLUMN (D) DESCRIPTIONS

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WATER SUPPLY TO SOTOLY AND SEDIEBOUGOU COMMUNITIES (CIRCLE	54,169.	WIRE	0.		
		SUB-SAHARAN AFRICA	WATER SUPPLY IN KONE BERI SECONDARY SCHOOL IN NIGER	31,940.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TRANSITIONAL SHELTER ASSISTANCE FOR MYANMAR NATIONALS	40,590.	WIRE	0.		
		SUB-SAHARAN AFRICA	FLOOD RESPONSE IN NIGER	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESPONDING TO FLOODS AND SAVING LIVES IN SUDAN	129,892.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED RESPONSE FOR RETURNEES AND HOST COMMUNITIES IN SOUTH SUDAN	156,118.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED RESPONSE FOR RETURNEES AND HOST COMMUNITIES IN SOUTH SUDAN	156,118.	WIRE	0.		
		SUB-SAHARAN AFRICA	FLOOD EMERGENCY RESPONSE IN TONJ EAST - SOUTH SUDAN	196,292.	WIRE	0.		
		SUB-SAHARAN AFRICA	FLOOD RESPONSE INTERVENTION IN HIRSHABELLE, SOMALIA	200,000.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EMERGENCY RESPONSE TO THE SURVIVORS OF CYCLONE BULBUL, BANGLADESH	64,397.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	COVID-19 RESPONSE PHASE 2 - INDONESIA	98,177.	WIRE	0.		
		SOUTH ASIA	IRW COVID-19 RESPONSE PHASE 2 - BANGLADESH	196,355.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE PHASE 2 - SOUTH SUDAN, MALI & NIGER	196,354.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAPID RESPONSE FOR IDPS IN INANZANE - MALI	13,066.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY SUPPORT TO IDP HOUSEHOLDS IN BAMBARA MAOUDE - MALI	61,764.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY CHOLERA RAPID RESPONSE FOR THE AFFECTED POPULATIONS IN YEMEN	9,931.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RAMADAN FOOD PACKAGES FOR INDONESIA, MYANMAR AND PHILIPPINES	208,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RAMADAN FOOD PACKAGES FOR ALBANIA, BOSNIA, KOSOVO, MACEDONIA, & TURKEY	207,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES FOR JORDAN, LEBANON, PALESTINE, SYRIA, TUNISIA & YEMEN	256,001.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN FOOD PACKAGES	17,000.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD PACKAGES FOR AFGHANISTAN, BANGLADESH, INDIA, NEPAL, PAKISTAN, &	210,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN FOOD PACKAGES FOR ETHIOPIA, KENYA, MALAWI, MALI, NIGER,	180,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	QURBANI 2020 FOR INDONESIA, MYANMAR & PHILIPPINES	238,782.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	QURBANI 2020 FOR ALBANIA, BOSNIA, KOSOVO, MACEDONIA, & TURKEY	457,209.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	2020 QURBANI IRW - YEMEN, JORDAN, & LEBANON	1,626,816.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	QURBANI 2020 CHECHNYA	71,684.	WIRE	0.		
		SOUTH ASIA	QURBANI 2020 - AFGHANISTAN, BANGLADESH, INDIA, NEPAL, PAKISTAN, &	1,202,617.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	QURBANI 2020 - ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH	1,596,878.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	INDONESIA ORPHAN SPONSORSHIP	136,752.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ORPHAN SPONSORSHIP - ALBANIA, BOSNIA, KOSOVO	583,896.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRAQ ORPHAN SPONSORSHIP - IRAQ, JORDAN, LEBANON, SYRIA, TUNISIA, &	5,072,229.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA ORPHAN SPONSORSHIP	313,502.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP - AFGHANISTAN, BANGLADESH, INDIA, PAKISTAN & SRI LANKA	3,702,099.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHAD ORPHAN SPONSORSHIP - CHAD, ETHIOPIA, KENYA, MALAWI, MALI, NIGER	2,199,623.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	INTERVENTION TO SUPPORT VULNERABLE CHILDREN IN GAZA PHASE IV	2,670,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	REACHING CONFLICT-AFFECTED VULNERABLE CHILDREN - WEST BANK	500,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PALESTINE HUMANITARIAN AID - WEST BANK	550,000.	WIRE	0.		
		SOUTH AMERICA	RESPONSE TO THE VENEZUELAN CRISIS IN ECUADOR	75,347.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE HUMANITARIAN FORUM -UNITED KINGDOM	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ENHANCING REFUGEE RIGHTS AND PROTECTION IN GREECE	100,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	IRUSA 2020 RAMADAN DISTRIBUTION FOR GAZA	200,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	QURBANI 2020 - SUPPORT FOR GAZA REFUGEES DURING EID AL-ADHA	299,999.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MENTAL HEALTH AND PSYCHOLOGICAL SUPPORT - BAHAMAS	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE TOGETHER PROJECT	58,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	2020 WINTERIZATION - ALBANIA, BOSNIA, KOSOVO, MACEDONIA, & TURKEY	380,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	2020 WINTERIZATION - TUNISIA, JORDAN, LEBANON & YEMEN	641,250.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	2020 WINTERIZATION - CHECHNYA	47,500.	WIRE	0.		
		SOUTH ASIA	2020 WINTERIZATION - NEPAL, BANGLADESH, PAKISTAN & AFGHANISTAN	712,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	URGENT NFI ASSISTANCE FOR EARTHQUAKE FAMILIES	20,221.	WIRE	0.		
		SUB-SAHARAN AFRICA	CYCLONE IDAI EMERGENCY RESPONSE, MOZAMBIQUE	44,880.	WIRE	0.		
		SOUTH ASIA	AFGHANISTAN-DISPOSABLE MEDICAL SUPPLIES	0.		463,457.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		SOUTH ASIA	AFGHANISTAN-DISPOSABLE MEDICAL SUPPLIES	0.		475,531.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		SUB-SAHARAN AFRICA	MALI-MEDICINES	0.		315,707.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		SUB-SAHARAN AFRICA	MALI-MEDICINES	0.		316,517.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NIGER-MEDICINES	0.		2,624,033.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		SUB-SAHARAN AFRICA	NIGER-MEDICINES	0.		2,624,033.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		SUB-SAHARAN AFRICA	NIGER-DISPOSABLE MEDICAL SUPPLIES	0.		513,797.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		MIDDLE EAST AND NORTH AFRICA	YEMEN-MEDICINES	0.		315,463.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		MIDDLE EAST AND NORTH AFRICA	YEMEN-MEDICINES	0.		314,269.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		MIDDLE EAST AND NORTH AFRICA	YEMEN-MEDICINES	0.		316,030.	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		MIDDLE EAST AND NORTH AFRICA	YEMEN-DISPOSABLE MEDICAL SUPPLIES	0.		444,529.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		MIDDLE EAST AND NORTH AFRICA	YEMEN-DISPOSABLE MEDICAL SUPPLIES	0.		455,968.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		MIDDLE EAST AND NORTH AFRICA	YEMEN-DISPOSABLE MEDICAL SUPPLIES	0.		476,397.	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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: SOUTH ASIA

(D) PURPOSE OF GRANT: INTEGRATED SUPPORT FOR DISPLACED AND HOST

COMMUNITIES IN COXS BAZAR, BANGLADESH

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WATER SUPPLY TO SOTOLY AND SEDIEBOUGOU COMMUNITIES

(CIRCLE OF KATI, MALI)

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: RAMADAN FOOD PACKAGES FOR AFGHANISTAN, BANGLADESH,

INDIA, NEPAL, PAKISTAN, & SRI LANKA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ETHIOPIA RAMADAN FOOD PACKAGES FOR ETHIOPIA,

KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH AFRICA, SOUTH SUDAN, & SUDAN

**Part V Supplemental Information**

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

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: QURBANI 2020 - AFGHANISTAN, BANGLADESH, INDIA, NEPAL, PAKISTAN, & SRI LANKA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: QURBANI 2020 - ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH AFRICA, SOUTH SUDAN, & SUDAN

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: IRAQ ORPHAN SPONSORSHIP - IRAQ, JORDAN, LEBANON, SYRIA, TUNISIA, & YEMEN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CHAD ORPHAN SPONSORSHIP - CHAD, ETHIOPIA, KENYA, MALAWI, MALI, NIGER SOMALIA, & SOUTH AFRICA

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.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <p style="text-align: center;">ISLAMIC RELIEF USA</p>	Employer identification number <p style="text-align: center;">95-4453134</p>
---	---

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

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

- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|

**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			
<b>Total</b> .....				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER (event type)	DINNER (event type)	6 (total number)	
Revenue	<b>1</b> Gross receipts .....	127,948.	88,131.	190,231.	406,310.
	<b>2</b> Less: Contributions .....	122,016.	82,710.	627.	205,353.
	<b>3</b> Gross income (line 1 minus line 2) .....	5,932.	5,421.	189,604.	200,957.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	12,605.			12,605.
	<b>7</b> Food and beverages .....		1,350.		1,350.
	<b>8</b> Entertainment .....	6,000.	6,000.	9,750.	21,750.
	<b>9</b> Other direct expenses .....	6,435.	2,151.	22,386.	30,972.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				66,677.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				134,280.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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:
- |                                      |  |            |   |
|--------------------------------------|--|------------|---|
| <b>a</b> The organization's facility |  | <b>13a</b> | % |
| <b>b</b> An outside facility         |  | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABU-BAKR ISLAMIC CENTER OF WASHINGTON - 14101 TUKWILA INTERNATIONAL BLVD - TUKWILA, WA 98168	91-2110135	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ACCESS CALIFORNIA SERVICES 631 S BROOKHURST ST, SUITE 107 ANAHEIM, CA 92804	33-0826205	501(C)(3)	87,000.	0.			COMMUNITY WELLNESS PROGRAM
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
AL NOOR ISLAMIC CENTER 6317 SUNSET LAKE RD FUQUAY VARINA, NC 27526	84-4862088	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
AL-IMAN SCHOOL INC 3020 LIGON ST RALEIGH, NC 27607	46-5352228	501(C)(3)	12,000.	0.			2020 COVID-19
AL-MAA'UUN 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	91,800.	0.			2020 US QURBANI, 2020 US RAMADAN FOOD PANTRY, 2020 SFSP, 2020 DAY OF DIGNITY, 2020 COVID-19

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **179.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) 2020**



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AL-MAUN (NEIGHBORLY NEEDS) OF LAS VEGAS - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	144,000.	0.			2020 US RAMADAN FOOD PANTRY, ZAKAT GRANT, 2020 SFSP, 2020 DAY OF DIGNITY, 2020 COVID-19
AL-MISBAAH 10277 IRON ROCK WAY ELK GROVE, CA 95624	47-3539042	501(C)(3)	15,000.	0.			2020 US QURBANI
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY, SUITE 1560 HOUSTON, TX 77074	26-3047598	501(C)(3)	119,300.	0.			YOUTH EMPOWERMENT PROGRAM, 2020 COVID-19, 2020 US RAMADAN FOOD PANTRY, COMMUNITY
AMANA FOUNDATION 104 COUNTY LINE RD PHILADELPHIA, PA 19116	52-2226372	501(C)(3)	15,000.	0.			2020 DAY OF DIGNITY
AMERICAN COUNCIL OF MINORITY WOMEN 1090 CONEY ISLAND AVE BROOKLYN, NY 11230	27-0861591	501(C)(3)	39,300.	0.			2020 DAY OF DIGNITY, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19, 2020 COVID-19
AMERICAN MUSLIM COMMUNITY CENTERS INC. - 811 WILMA ST - LONGWOOD, FL 32750	27-2491812	501(C)(3)	7,500.	0.			AMERICAN MUSLIM-COVID19-COVID19-53 2020 COVID-19 C
AMERICAN MUSLIM COMMUNITY SERVICES 432 N. SAGINAW ST, NORTH BANK CENTE FLINT, MI 48439	47-2927555	501(C)(3)	19,250.	0.			2020 US RAMADAN FOOD PANTRY, 2020 COVID-19
AMERICAN MUSLIM HEALTH PROFESSIONALS - 2118 PLUM GROVE #201 - ROLLING MEADOWS, IL 60008	71-1013651	501(C)(3)	12,000.	0.			2020 COVID-19
AMERICAN MUSLIM MISSION CENTER OF BILOXI, INC. - 205 KELLAR AVE - BILOXI, MS 39530	64-0749564	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUSLIM SOCIAL SERVICES INC - 588 WILMA ST - LONGWOOD, FL 32750	81-4681715	501(C)(3)	12,000.	0.			2020 COVID-19
AN-NISA HOPE CENTER 7100 REGENCY SQUARE BLVD SUITE 290 HOUSTON, TX 77036	27-0621815	501(C)(3)	12,000.	0.			2020 COVID-19
ANSAAR UL BIRR COMMUNITY SERVICES INC - 5301 EDGEWOOD RD - COLLEGE PARK, MD 20740	85-0776136	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVE - BROOKLYN, NY 11220	11-3604756	501(C)(3)	24,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
ATLANTA MASJID 560 FAYETTEVILLE RD SE ATLANTA, GA 30316	58-1242857	501(C)(3)	22,000.	0.			COMMUNITY RESPONSE INITIATIVE
BAITUL JAMAAT - HOUSE OF COMMUNITY 119 CLARK LANE STATEN ISLAND, NY 10304	47-4586458	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
BANGLADESH ISLAMIC CENTER 2116 S NELSON ST ARLINGTON, VA 22204	54-1827234	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
BARAKAH MUSLIM CHARITY 584 JEFFERSON AVE ROCHESTER, NY 14611	46-4478039	501(C)(3)	39,000.	0.			2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE, 2020 DAY OF DIGNITY, 2020
BAY RIDGE COMMUNITY DEVELOPMENT CENTER - 6805 5TH AVENUE, 2ND FL - BROOKLYN, NY 11220	13-1837418	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
C-ASIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	72,300.	0.			2020 US RAMADAN FOOD PANTRY, FREE FAMILY HEALTH CLINIC, 2020 DAY OF DIGNITY, 2020 COVID-19
CLARA MOHAMMAD SCHOOL OF MIAMI 5245 NW 7TH AVENUE MIAMI, FL 33127	65-0692812	501(C)(3)	27,000.	0.			2020 COVID-19, 2020 DAY OF DIGNITY
COBURN PLACE SAFE HAVEN INC II 604 EAST 38TH ST INDIANAPOLIS, IN 46202	37-1421922	501(C)(3)	12,000.	0.			2020 COVID-19
COLLECTIONS & STORIES OF AMERICAN MUSLIMS DBA AMERICA'S ISLAMIC HERITAGE MUSEUM, - 2315 MARTIN LUTHER KING JR. AVE SE -	52-2066863	501(C)(3)	59,500.	0.			2020 RAMADAN, CAPACITY BUILDING & COMMUNITY ENGAGEMENT, 2020 DAY OF DIGNITY, 2020 COVID-19
COLORADO MUSLIM SOCIETY 2071 S. PARKER RD DENVER, CO 80231	23-7261633	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
COMMUNITY HELPERS USA 4821 INVERARARY ROAD CANTON, MI 48187	82-1468373	501(C)(3)	12,000.	0.			2020 COVID-19
COMMUNITY MASJID OF ATLANTA 547 WEST END PLACE ATLANTA, GA 30310	58-1242857	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
CONSULTING PARTNERS 1441 S WOODHAVEN ST BATON ROUGE, LA 70815	85-0494096	501(C)(3)	30,000.	0.			DISASTER MANAGEMENT RESPONSE
CRESCENT FOOD BANK 404 W 4TH ST, SUITE D SANTA ANA, CA 92701	46-2842230	501(C)(3)	12,000.	0.			2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
D&R COMMUNITY INSTITUTE AND YOUTH INSTITUTE - 2041 BASIE DR - MARRERO, LA 70072	11-3656636	501(C)(3)	30,000.	0.			2020 SFSP
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW ST FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	24,285.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
DAYA INC 7453 BROMPTON ST HOUSTON, TX 77025	76-0513273	501(C)(3)	12,000.	0.			2020 COVID-19
DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS (DREAM) - PO BOX 38152 - DETROIT, MI 48238	46-4246696	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
DFW ISLAMIC EDUCATIONAL CENTER 5511 MANSFIELD RD ARLINGTON, TX 76017	75-2787101	501(C)(3)	7,000.	0.			2020 COVID-19
DIAMOND GIRL ROCK DYNASTY NONPROFIT MUSIC ORGANIZATION - 9328 WEST CORDES ROAD - TOLLESON, AZ 85353	46-2440392	501(C)(3)	12,500.	0.			2020 SFSP
DISABLED RIGHTS ACTION COMMITTEE 231 EAST 400 SOUTH SUITE 360 SALT LAKE CITY, UT 84111	87-0510086	501(C)(3)	12,000.	0.			2020 COVID-19
EAST PLANO ISLAMIC CENTER 4700 14TH ST PLANO, TX 75074	20-0629612	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
FEED MY PEOPLE 171 KINGSTON DR ST. LOUIS, MO 63125	43-1264877	501(C)(3)	9,000.	0.			2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 DESOTO, TX 75115	27-4684437	501(C)(3)	68,650.	0.			2020 SFSP, 2020 US RAMADAN FOOD PANTRY, 2020 DAY OF DIGNITY, 2020 COVID-19
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
HALCYON HOUSE 3400 PROSPECT ST NW WASHINGTON, DC 20007	81-4819533	501(C)(3)	10,000.	0.			2020 COVID-19
HANEEFIYA AMERICA 3301 MARTIN LUTHER KING JR. AVE SE WASHINGTON, DC 20032	05-0632229	501(C)(3)	12,000.	0.			2020 COVID-19
INTERFAITH MINISTRIES OF GREATER HOUSTON - 3303 MAIN - HOUSTON, TX 77002	74-1488102	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ISLAH LA 2900 WEST SLAUSON AVENUE LOS ANGELES, CA 90043	46-4148013	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
ISLAMIC ASSOCIATION OF COLLIN COUNTY - 6401 INDEPENDENCE PKWY - PLANO, TX 75023	75-2705859	501(C)(3)	20,000.	0.			2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE
ISLAMIC ASSOCIATION OF NORTH TEXAS 840 ABRAMS RD RICHARDSON, TX 75081	23-7181345	501(C)(3)	15,000.	0.			2020 COVID-19, COMMUNITY RESPONSE INITIATIVE
ISLAMIC ASSOCIATION OF RALEIGH 808 ATWATER ST RALEIGH, NC 27606	58-1847133	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CENTER OF CHICAGO WESTERN SUBURBS - 900 EAST GENEVA RD - WHEATON, IL 60187	46-1898774	501(C)(3)	15,000.	0.			2020 US QURBANI
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228	38-3537457	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
ISLAMIC CENTER OF GREENSBORO 2023 16TH ST GREENSBORO, NC 27405	56-1849092	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
ISLAMIC CENTER OF HAWTHORNE, INC. 12209 HAWTHORNE WAY HAWTHORNE, CA 90250	95-4518148	501(C)(3)	5,500.	0.			2020 COVID-19
ISLAMIC CENTER OF IRVING MEDICAL CLINIC - 2555 ESTERS RD - IRVING, TX 75062	75-2408307	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ISLAMIC CENTER OF MARYLAND INC 19411 WOODFIELD ROAD GAITHERSBURG, MD 20841	52-1718751	501(C)(3)	15,000.	0.			COMMUNITY RESPONSE INITIATIVE
ISLAMIC COMMUNITY CENTER OF ILLINOIS - 6435 W BELMONT AVENUE - CHICAGO, IL 60634	36-3940271	501(C)(3)	12,000.	0.			2020 COVID-19
ISLAMIC COMMUNITY CENTER OF TEMPE 131 EAST 6TH STREET TEMPE, AZ 85281	68-0543241	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ISLAMIC FOUNDATION NORTH 1751 O' PLAINE ROAD LIBERTYVILLE, IL 60048	36-3139768	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 MEDICAL ASSOCIATION OF NORTH AMERICA (IMANA) - 101 W 22ND ST SUITE 106 - LOMBARD, IL 60148	36-4166125	501(C)(3)	35,000.	0.			MASK DONATION PROJECT
ISLAMIC SOCIAL SERVICES ASSOCIATION, INC. - 1113 W. KILAREA AVEUE - MESA, AZ 85210	54-1991054	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
ISLAMIC SOCIAL SERVICES OF OREGON STATE - 10175 SW BARBUR BOULEVARD, SUITE 100BA - PORTLAND, OR 97219	38-3655438	501(C)(3)	24,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
ISLAMIC SOCIETY OF BAY RIDGE 6807 5TH AVENUE, SUITE A1 BROOKLYN, NY 11220	11-3144804	501(C)(3)	17,000.	0.			2020 COVID-19
ISLAMIC SOCIETY OF LITTLE ROCK 3224 ANNA ST LITTLE ROCK, AR 72204	71-0719117	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
JOINT LEARNING INITIATIVE ON FAITH AND LOCAL COMMUNITIES - 1220 L STREET, NW, SUITE 100-514 - WASHINGTON, DC 20005	81-0792145	501(C)(3)	18,000.	0.			COMPENDIUM OF GOOD PRACTICES ON CONDUCTING MEAL IN PARTNERSHIPS WITH INTERNATIONAL ACTORS AND
KEY EMPOWERS, INC 7501 LIBERTY ROAD, SUITE F GWYNN OAK, MD 21207	81-2737258	501(C)(3)	15,000.	0.			2020 DAY OF DIGNITY
KHALIL FOUNDATION 999 N. MAIN ST SUITE 103 GLEN ELLYN, IL 60137	47-1313957	501(C)(3)	12,000.	0.			2020 COVID-19
KHAN OHANA FOUNDATION 5757 E 47TH PL TULSA, OK 74135	81-4655274	501(C)(3)	32,300.	0.			2020 US RAMADAN FOOD PANTRY, THANKSGIVING BOX DISTRIBUTION, 2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
KNOWLEDGE FOR LIVING INC 400 ROCK LAKE DRIVE ORLANDO, FL 32805	20-4693041	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
LA COCINA 918 S LINCOLN STREET, SUITE #2 ARLINGTON, VA 22204	46-2037695	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
LADY FATIMAH CENTER 2120 SOUTH HOLLY ST DENVER, CO 80222	82-1482105	501(C)(3)	12,000.	0.			2020 COVID-19
M.A.D.E INSTITUTE PO BOX 310246 FLINT, MI 48531	47-3281597	501(C)(3)	5,357.	0.			EMPOWERING PEOPLE THROUGH INNOVATION & KNOWLEDGE
MAJLIS ASH-SHURA OF METROPOLITAN NEW YORK - 88-29 161ST STREET - JAMAICA, NY 11432	27-3768840	501(C)(3)	12,000.	0.			2020 COVID-19
MARIAM CLINIC 4441-106 SIX FORKS ROAD, #388 RALEIGH, NC 27609	20-3011248	501(C)(3)	12,000.	0.			2020 COVID-19
MA'RUF DALLAS 9669 FOREST IN SUITE 1002 DALLAS, TX 75243	26-4161530	501(C)(3)	42,300.	0.			2020 US QURBANI, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19
MAS DALLAS ISLAMIC CENTER 1515 BLAKE DRIVE RICHARDSON, TX 75081	20-5117245	501(C)(3)	7,000.	0.			2020 COVID-19
MASJID AL-FURQAN WEST COBB ISLAMIC CENTER INC - 3861 W BARRETT PKWY SW - MARIETTA, GA 30064	58-2074361	501(C)(3)	7,000.	0.			2020 COVID-19

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MASJID AL-ISLAM DALLAS 2604 S HARWOOD ST DALLAS, TX 75215	75-2941409	501(C)(3)	27,000.	0.			2020 COVID-19, 2020 DAY OF DIGNITY
MASJID AL-MOMINEEN P.O. BOX 1289 CLARKSTON, GA 30021	58-2121779	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MASJID AS HABBUL YAMEEN 150 N. 17TH STREET BLOOMFIELD, NJ 07002	22-3770157	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MASJID AS SABUR 4926 15TH AVENUE SACRAMENTO, CA 95820	14-1862244	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MASJID AS SIDDIQ 120-15 INWOOD STREET JAMAICA, NY 11436	11-2979756	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MASJID AT-TAWHID 5514 HIRSCH ROAD HOUSTON, TX 77026	45-4795289	501(C)(3)	15,750.	0.			2020 COVID-19, COMMUNITY RESPONSE INITIATIVE
MASJID BAB SALAM USA INC 3604 NEPTUNE AVENUE BROOKLYN, NY 11224	11-3452552	501(C)(3)	9,300.	0.			2020 COVID-19
MASJID BAB SALAM USA INC. 3604 NEPTUNE AVENUE BROOKLYN, NY 11224	11-3452552	501(C)(3)	9,525.	0.			2020 US RAMADAN FOOD PANTRY
MASJID BILAL 1124 EAST MARTIN LUTHER KING JR BLV LOS ANGELES, CA 90011	03-0387154	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MIRAGE ACADEMY INC. 1203 FAXON AVENUE MEMPHIS, TN 38104	81-4037583	501(C)(3)	12,000.	0.			2020 COVID-19
MOHAMMED SCHOOLS OF ATLANTA 735 FAYETTEVILLE ROAD SE ATLANTA, GA 30316	02-0647247	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MOMS ON THE MOVE, INC. 504 BROADWAY, SUITE 313 GARY, IN 46402	81-2246034	501(C)(3)	12,000.	0.			2020 COVID-19
MONTGOMERY COUNTY MUSLIM FOUNDATION - 811 RUSSELL AVENUE, SUITE G - GAITHERSBURG, MD 20879	20-8842419	501(C)(3)	12,000.	0.			2020 COVID-19
MULTI CULTURAL CENTER INC 951 TRISTAR DRIVE WEBSTER, TX 77598	47-3932789	501(C)(3)	12,000.	0.			2020 COVID-19
MUSLIM AMERICAN SOCIETY - NATIONAL 712 H STREET NE, SUITE 1258 WASHINGTON, DC 20002	36-3885457	501(C)(3)	68,000.	0.			HOT MEAL DISTRIBUTION
MUSLIM AMERICAN SOCIETY (MILWAUKEE) - 4379 S HOWELL AVE, #12 - MILWAUKEE, WI 53207	36-3885457	501(C)(3)	12,000.	0.			2020 COVID-19
MUSLIM AMERICAN SOCIETY OF BROOKLYN AND STATEN ISLAND INC. - 1933 BATH AVE - BROOKLYN, NY 11214	45-4661688	501(C)(3)	12,000.	0.			2020 COVID-19
MUSLIM AMERICAN SOCIETY OF QUEENS INC. - 46-01 20TH AVENUE - LONG ISLAND CITY, NY 11105	11-3505402	501(C)(3)	12,000.	0.			2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 AMERICAN SOCIETY OF SAN DIEGO - 7710 BALBOA AVE.SUITE 208C - SAN DIEGO, CA 92111	26-4465056	501(C)(3)	17,300.	0.			2020 US RAMADAN FOOD PANTRY, 2020 COVID-19
MUSLIM ASSOCIATION OF PUGET SOUND 17550 NE 67TH CT REDMOND, WA 98052	20-4423661	501(C)(3)	12,000.	0.			2020 COVID-19
MUSLIM COMMUNITY CENTER OF CHARLOTTE - 3020-I PROSPERITY CHURCH RD #930 - CHARLOTTE, NC 28269	46-5633873	501(C)(3)	12,000.	0.			2020 COVID-19
MUSLIM COMMUNITY NETWORK, INC 239 THOMPSON ST NEW YORK, NY 10012	75-3163555	501(C)(3)	32,000.	0.			COMMUNITY RESPONSE INITIATIVE, MUSLIM YOUTH NYC BRIDGE MENTORSHIP PROGRAM, 2020 COVID-19
MUSLIM COMMUNITY OF TIDEWATER 1442 W 49TH STREET NORFOLK, VA 23508	52-1239447	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
MUSLIM COMMUNITY SERVICES OF SAN DIEGO - 4203 GENESEE AVENUE, #174 - SAN DIEGO, CA 92111	26-4465056	501(C)(3)	7,500.	0.			2020 COVID-19
MUSLIM FAMILY SERVICE OF COLORADO 3400 ALBION ST DENVER, CO 80207	56-2402910	501(C)(3)	23,569.	0.			2020 DAY OF DIGNITY, 2020 US QURBANI
MUSLIM HOUSING SERVICES 6727 RAINIER AVE S #26 SEATTLE, WA 98118	91-1987910	501(C)(3)	20,000.	0.			2020 COVID-19, 2020 DAY OF DIGNITY
MUSLIM OUTREACH AND VOLUNTEER ENTERPRISE, INC - 1331 E. CRESCENT WAY - CHANDLER, AZ 85249	82-3072078	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 SISTERS OF STATEN ISLAND 80 ARNOLD ST STATEN ISLAND, NY 10301	46-5695272	501(C)(3)	26,300.	0.			2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE, 2020 COVID-19
MUSLIM SOCIAL SERVICES AGENCY PO BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	66,300.	0.			2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE, 2020 SFSP, 2020 DAY OF
MUSLIM WELFARE ASSOCIATION OF GREATER ORLANDO - 11543 RUBY LAKE RD. - ORLANDO, FL 32836	59-2859564	501(C)(3)	7,500.	0.			2020 COVID-19
MUSLIM WOMEN'S ALLIANCE PO BOX 3354 OAK BROOK, IL 60522	41-2262031	501(C)(3)	26,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	36,180.	0.			2020 SFSP, 2020 US RAMADAN FOOD PANTRY, 2020 DAY OF DIGNITY, 2020 COVID-19
MUSLIM WOMEN'S ORGANIZATION OF SOUTH FLORIDA - 16401 SW 30TH ST - MIRAMAR, FL 33027	46-5386759	501(C)(3)	5,700.	0.			SUSAN B ANTHONY WOMEN'S RECOVERY CENTER- THERAPY ROOM
MUSLIM YOUTH AND COMMUNITY CENTER 3209 GRESHAM LAKE RD #131 RALEIGH, NC 27615	27-3356730	501(C)(3)	16,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
MYGOODDEED DBA 9/11 DAY 5151 CALIFORNIA AVENUE SUITE 100 IRVINE, CA 92617	45-0491886	501(C)(3)	20,000.	0.			MYGOODDEED, D.B.A., 9/11 DAY
NARIKA PO BOX 7779 BERKELEY, CA 94707	94-3162871	501(C)(3)	22,000.	0.			2020 COVID-19, SEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	14,450.	0.			2020 DAY OF DIGNITY
NEW YORK DISASTER INTERFAITH SERVICES - 4 WEST 43RD ST, SUITE 407 - NEW YORK, NY 10036	01-0794539	501(C)(3)	120,000.	0.			2020 COVID-19, 2020 PUERTO RICO EARTHQUAKE
NOOR FAMILY SERVICES PO BOX 3803 ALPHARETTA, GA 30023	81-2563539	501(C)(3)	12,000.	0.			2020 COVID-19
NORTH AUSTIN MUSLIM COMMUNITY CENTER - 11900 NORTH LAMAR BLVD - AUSTIN, TX 78753	22-2229888	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
NORTHEAST DENVER ISLAMIC CENTER 3400 ALBION ST DENVER, CO 80207	68-0530818	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
NYC MUSLIM-JEWISH SOLIDARITY COMMITTEE INC. - 20 LIBERTY ST WH - NEWBURGH, NY 12550	81-1343379	501(C)(3)	12,000.	0.			2020 COVID-19
OASIS - A HAVEN FOR WOMEN AND CHILDREN - 59 MILL ST - PATERSON, NJ 07501	22-3491573	501(C)(3)	12,000.	0.			2020 COVID-19
PALESTINIAN AMERICAN COMMUNITY CENTER - 388 LAKEVIEW AVE - CLIFTON, NJ 07011	46-5270907	501(C)(3)	12,000.	0.			2020 COVID-19
PARTNER IN EMPLOYMENT 21400 INTERNATIONAL BLVD SUITE 302 SEATAC, WA 98198	47-4274369	501(C)(3)	12,000.	0.			2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PEACE CATALYST INTERNATIONAL 1321 UPLAND DRIVE, SUITE #11123 HOUSTON, TX 77043	45-4985656	501(C)(3)	12,000.	0.			2020 COVID-19
PHILADELPHIA RAMADAN & EID FUND 7400 HAVERFORD AVENUE, SUITE W405 PHILADELPHIA, PA 19151	82-4583403	501(C)(3)	17,000.	0.			COMMUNITY RESPONSE INITIATIVE
PILLARS OF PEACE 310 THIRD AVENUE #301 NEW YORK, NY 10010	83-3597054	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
POURED OUT INC PO BOX 127 WILLIS, MI 48191	27-3124701	501(C)(3)	8,500.	0.			DISASTER RELIEF PREPAREDNESS FUND
PRINCE GEORGE'S MUSLIM ASSOCIATION 6715 WILLOW CREEK ROAD BOWIE, MD 20720	52-1843750	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
PROJECT DOWNTOWN TAMPA 9311 LISBON STREET SEFFNER, FL 33584	46-2788463	501(C)(3)	5,950.	0.			COMMUNITY RESPONSE INITIATIVE
PURPLE HEARTS INC. 7603 FLAGSTONE ST FORT WORTH, TX 76118	45-2856302	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
RADIANT HANDS 13250 N 56TH STREET, SUITE # 203B TAMPA, FL 33617	20-2966567	501(C)(3)	12,000.	0.			2020 COVID-19
RAHMA WORLDWIDE AID AND DEVELOPMENT - 31333 SOUTHFIELD RD - BEVERLY HILLS, MI 48301	47-1304361	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
READING CONNECTIONS, INC 122 N ELM STREET, SUITE #920 GREENSBORO, NC 27401	56-1726754	501(C)(3)	25,000.	0.			BRIDGE GRANT: TO DEVELOP A DIVERSE YOUTH LEADERSHIP MENTORING PROGRAM SEEDED IN THE
READING CONNECTIONS, INC. 122 N ELM STREET, SUITE #920 GREENSBORO, NC 27401	56-1726754	501(C)(3)	12,000.	0.			2020 COVID-19
REBECCA'S TENT 1180 UNIVERSIT DRIVE NE ATLANTA, GA 30306	27-4116748	501(C)(3)	12,000.	0.			2020 COVID-19
REFUGEE DEVELOPMENT CENTER 340 LOCKWEED ST PROVIDENCE, RI 02907	47-3515841	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
REFUGEE WOMEN'S NETWORK, INC. 2900 CHAMBLEE TUCKER RD, BUILDING B ATLANTA, GA 30341	58-2369796	501(C)(3)	17,000.	0.			2020 US RAMADAN FOOD PANTRY
ROHINGYA CULTURE CENTER 2740 WEST DEVON AVENUE CHICAGO, IL 60659	81-0882096	501(C)(3)	12,000.	0.			2020 COVID-19
RUPANI FOUNDATION (RF) 8303 SOUTHWEST FREEWAY SUITE 440 HOUSTON, TX 77074	26-0476701	501(C)(3)	12,000.	0.			2020 COVID-19
SABIL USA PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	34,300.	0.			2020 DAY OF DIGNITY, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19
SADAQAH 4 YOU INC PO BOX 27564 PHILADELPHIA, PA 19118	45-5476121	501(C)(3)	36,600.	0.			2020 SFSP, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SAHABA INITIATIVE 1887 BUSINESS CENTER DR SUITE 3 SAN BERNARDINO, CA 92408	45-2488503	501(C)(3)	19,196.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
SALAAM CLEVELAND 1925 ST CLAIR AVENUE NE CLEVELAND, OH 44114	26-1368320	501(C)(3)	8,000.	0.			COMMUNITY RESPONSE INITIATIVE
SAPNA NYC, INC. 2348 WATERBURY AVENUE BRONX, NY 10462	26-3124969	501(C)(3)	12,000.	0.			2020 COVID-19
SELAM FOUNDATION 25 S QUAKER LANE #24-26 ALEXANDRIA, VA 22314	27-4399513	501(C)(3)	6,000.	0.			2020 COVID-19
SHIFA HEALTHCARE & COMMUNITY SERVICES USA - 9494 SOUTHWEST FREEWAY #450 - HOUSTON, TX 77074	32-0325331	501(C)(3)	12,000.	0.			2020 COVID-19
SMART DEVELOPMENT INC 2185 MCKINLEY AVE LAKEWOOD, OH 44107	82-4991900	501(C)(3)	12,000.	0.			2020 COVID-19
SMILE ORGANIZATION INC 171 PAULISON AVE PASSAIC, NJ 07055	45-2137418	501(C)(3)	6,000.	0.			2020 COVID-19
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 939 STEPHENS AVE SUITE C - MISSOULA, MT 59802	95-4116679	501(C)(3)	12,000.	0.			COVID-19
SOCIETY OF ARAB AMERICAN NEIGHBORHOOD DEVELOPMENT - 3302 W 63RD ST - CHICAGO, IL 60629	46-5412339	501(C)(3)	15,000.	0.			2020 COVID-19, COMMUNITY RESPONSE INITIATIVE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI BANTU ASSOCIATION OF AMERICA - 4265 FAIRMONT AVENUE SUITE 210 - SAN DIEGO, CA 92105	27-3390797	501(C)(3)	12,000.	0.			2020 COVID-19
SOMALI FAMILY SERVICE OF SAN DIEGO 5348 UNIVERSITY AVENUE, STE 203 SAN DIEGO, CA 92105	91-2065038	501(C)(3)	12,000.	0.			2020 COVID-19
ST. JAMES MISSIONAL BAPTIST CHURCH OF ST. LOUIS - 1644 SEMPLE AVENUE - ST. LOUIS, MO 63112	43-1582617	501(C)(3)	10,000.	0.			2020 SFSP
SUPPORT LIFE FOUNDATION 2118 WALSH AVE, SUITE 110 SANTA CLARA, CA 95050	47-1675693	501(C)(3)	54,300.	0.			2020 US QURBANI, 2020 US RAMADAN FOOD PANTRY, 2020 SFSP, 2020 COVID-19
SUPREME FAMILY SERVICES, INC 1827 COLUMBIA DRIVE DECATUR, GA 30032	58-2384492	501(C)(3)	12,000.	0.			2020 COVID-19
SYLVESTER BROOME EMPOWERMENT VILLAGE - 4119 NORTH SAGINAW ST - FLINT, MI 48505	47-5271086	501(C)(3)	19,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
TEXAS MUSLIM WOMEN'S FOUNDATION PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	62,000.	0.			2020 COVID-19, PEACE IN THE HOME COMPREHENSIVE SOCIAL SERVICES
THE BOUNTY COLLEGIUM 401 ADAMS ST TOLEDO, OH 43604	83-3366724	501(C)(3)	15,000.	0.			2020 DAY OF DIGNITY
THE BUILDING BLOCKS OF ISLAM 716 PALISADE AVE UNION CITY, NJ 07087	27-3646101	501(C)(3)	7,800.	0.			2020 COVID-19

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COUNCIL OF ISLAMIC ORGANIZATIONS MICHIGAN - 27550 HOOVER RD - WARREN, MI 48093	38-3073638	501(C)(3)	58,000.	0.			2020 COVID-19, 2020 US QURBANI
THE GEORGE WASHINGTON CARVER URBAN/SMALL FARMERS COALITION INC - 12117 WHEELING AVENUE - UPPER MARLBORO, MD 20772	82-3774240	501(C)(3)	12,000.	0.			2020 COVID-19
THE INDIANAPOLIS MUSLIM COMMUNITY ASSOCIATION - 2846 COLD SPRING RD - INDIANAPOLIS, IN 46222	35-1773100	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
THE ISLAMIC CENTER OF DETROIT 14350 TIREMAN ST DETROIT, MI 48228	38-3537457	501(C)(3)	30,000.	0.			SKILL AND CAREER DEVELOPMENT PROGRAM
THE ISLAMIC SEMINARY FOUNDATION, INC - 153 GREENWOOD ST - NEW HAVEN, CT 06511	45-3207248	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
THE MOSQUE FOUNDATION 7210 W. 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	34,300.	0.			2020 US QURBANI, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19
THE REFUGEE WOMEN'S NETWORK, INC 2900 CHAMBLEE TUCKER RD, BUILDING ATLANTA, GA 30341	58-2369796	501(C)(3)	29,300.	0.			2020 COVID-19, MULTICULTURAL COMMUNITY HEALTH PROMOTERS (MCHP) PROGRAM
TIYYA FOUNDATION 505 N TUSTIN AVE SUITE 280 SANTA ANA, CA 92705	27-3128801	501(C)(3)	12,000.	0.			2020 COVID-19
TOGETHER WE REMEMBER, INC 500 E PRATT ST STE 900 BALTIMORE, MD 21202	82-0938390	501(C)(3)	10,000.	0.			TOGETHER WE REM-D0515-D0514- VIRTUAL GLOBAL ALLY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 SOMALI ALLIANCE OF BUFFALO 280 GRANT STREET BUFFALO, NY 14213	82-4791235	501(C)(3)	24,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
UNITED SOMALI BANTU OF GREATER PITTSBURGH INC - 403 PLEASANT RIDGE ROAD - MCKEES ROCKS, PA 15136	81-3129497	501(C)(3)	12,000.	0.			2020 COVID-19
UPLIFT CHARITY CORPORATION 17299 BRAMBLE CT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	29,300.	0.			2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE, 2020 COVID-19
VALLEY BEIT MIDRASH 4645 E MARILYN RD PHOENIX, AZ 85032	45-5443715	501(C)(3)	12,000.	0.			2020 COVID-19
Wafa House, Inc. PO BOX 2102 CLIFTON, NJ 07015	20-0845890	501(C)(3)	14,000.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
WESLEY HOUSING DEVELOPMENT CORPORATION - 5515 CHEROKEE AVENUE SUITE 200 - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	21,300.	0.			2020 COVID-19, 2020 US RAMADAN FOOD PANTRY
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	500,000.	0.			COVID-19 EMERGENCY FUNDING
YUSUF SHAH ISLAMIC CENTER OF MOUNT VERNON, INC. - 10 SOUTH 2ND AVENUE 3RD FLOOR - MOUNT VERNON, NY 10550	13-3288778	501(C)(3)	36,250.	0.			COMMUNITY RESPONSE INITIATIVE
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	29,300.	0.			2020 SFSP, 2020 US RAMADAN FOOD PANTRY, 2020 COVID-19

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ZEINA LORRAINE, INC COMMUNITY FOOD PANTRY - 203 W 133RD ST - NEW YORK, NY 10030	46-4681031	501(C)(3)	10,000.	0.			COMMUNITY RESPONSE INITIATIVE
IRUSA WAQF 3655 WHEELER AVE ALEXANDRIA, VA 22304	47-1666091	501(C)(3)	1,581,293.	0.			CONTRIBUTION

**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	14000	0.	358,860.	INVOICE	HYGIENE KITS, COATS, SCHOOL SUPPLIES, FOOD ITEMS
CALIFORNIA WILDFIRE - GIFT CARD TO FAMILIES AFFECTED BY WILDFIRE	990	99,000.	0.		
GIFT CARD TO FAMILIES AFFECTED BY EMERGENCIES	480	48,025.	0.		
INSTITUTIONAL ASSISTANCE - FINANCIAL ASSISTANCE TO INSTITUTIONS AFFECTED BY COVID	55	555,000.	0.		
RISE AGAINST HUNGER	8000	0.	177,147.	INVOICE	FOOD ITEMS

**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 Domestic Individuals (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 noncash assistance
FINANCIAL ASSISTANCE	2.	13,503.	0.		
FINANCIAL ASSISTANCE - DIALYSIS CENTER	400.	40,000.	0.		
RENTAL ASSISTANCE - PAYMENT OF RENT FOR REFUGEES FAMILIES	10.	8,102.	0.		
2018 HARVEY RECOVERY - ASSISTANCE TO REBUILD HOUSES	12.	0.	258,676.	INVOICE	SUPPLIES AND EQUIPMENT
2020 COVID-19	10,000.	0.	291,164.	INVOICE	FOOD AND HYGIENE ITEMS
2020 PUERTO RICO EARTHQUAKE	150.	0.	10,101.	INVOICE	SUPPLIES
2020 QURBANI	22,780.	0.	228,311.	INVOICE	FOOD ITEMS
2020 RAMADAN	2.	0.	160.	INVOICE	FOOD ITEMS
2020 TURKEY DISTRIBUTION	8,500.	0.	150,781.	INVOICE	FOOD ITEMS FOR NEEDY FAMILIES (TURKEY)

Schedule I (Form 990)

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (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 noncash assistance
HOT MEALS DISTRIBUTION	2,000.	0.	20,549.	INVOICE	HOT MEALS
TRAINING - CHAPLAINCY TRAINING	8.	0.	12,030.	INVOICE	TRAINING COURSE
WINTER COATS	150.	0.	52,531.	INVOICE	COATS
MEAL PACKS	50.	0.	2,230.	INVOICE	MEAL PACKS
N95 MASKS	1,500.	0.	12,000.	INVOICE	DONATION OF N95 MASKS

**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: AMAANAH REFUGEE SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH EMPOWERMENT PROGRAM, 2020

COVID-19, 2020 US RAMADAN FOOD PANTRY, COMMUNITY RESPONSE INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: BARAKAH MUSLIM CHARITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 US RAMADAN FOOD PANTRY,

COMMUNITY RESPONSE INITIATIVE, 2020 DAY OF DIGNITY, 2020 COVID-19

NAME OF ORGANIZATION OR GOVERNMENT:

JOINT LEARNING INITIATIVE ON FAITH AND LOCAL COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPENDIUM OF GOOD PRACTICES ON

CONDUCTING MEAL IN PARTNERSHIPS WITH INTERNATIONAL ACTORS AND LOCAL FAITH

ACTORS

NAME OF ORGANIZATION OR GOVERNMENT: MUSLIM SOCIAL SERVICES AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 US RAMADAN FOOD PANTRY,

COMMUNITY RESPONSE INITIATIVE, 2020 SFSP, 2020 DAY OF DIGNITY, 2020

COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: READING CONNECTIONS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGE GRANT: TO DEVELOP A DIVERSE

**Part IV Supplemental Information**

YOUTH LEADERSHIP MENTORING PROGRAM SEEDED IN THE CONSTRUCTIVE TRAINING OF

PARTICIPATING ADULT MENTORS

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2020

**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) ANWAR AHMAD KHAN PRESIDENT	(i)	180,065.	19,198.	64.	11,580.	24,648.	235,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARIF ALY CHIEF EXECUTIVE OFFICER	(i)	162,798.	18,071.	64.	10,637.	40,807.	232,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AZHAR AZEEZ DIR, STRATEGIC PARTNERSHIPS & ALLIAN	(i)	146,729.	0.	64.	8,814.	51,145.	206,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHERIF AHMED CHIEF OPERATING OFFICER	(i)	150,634.	16,482.	64.	3,666.	32,336.	203,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAREQ OSMAN CONTROLLER	(i)	148,140.	16,212.	64.	9,544.	25,475.	199,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AHMED SHEHATA DIR, FUND DEVELOPMENT	(i)	133,068.	14,845.	64.	8,739.	41,467.	198,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID HAWA DIRECTOR, MARKETING	(i)	135,472.	14,845.	64.	8,740.	36,256.	195,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MOHAMMAD TAMMAM DANDASHI DIR, BUSINESS SERVICES	(i)	126,041.	13,877.	64.	8,172.	39,254.	187,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 7:

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

EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD APPROVAL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://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	110	1,410,594.	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	14	9,667,731.	DONR VAL, IMS, WAC, AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MASKS )	X	1	12,000.	FMV
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 V, Donee Acknowledgement **29** 0

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

**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, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 2020.

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 4B, 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) 2020



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

NIGER, AND YEMEN.

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

IRUSA DISTRIBUTED THREE 40 FEET CONTAINERS OF MEDICAL SUPPLIES TO 12

MAJOR PUBLIC HOSPITALS IN FOUR GOVERNORATES (ADEN, LAHJ, ABYAN AND

ALDHALAE) IN SOUTH OF YEMEN. THE DONATIONS IMPROVED ACCESS TO HEALTH

CARE SERVICES AND ULTIMATELY THE HEALTH STATUS OF 169,304 PEOPLE IN

SOUTH OF YEMEN. THE SUPPLIES WERE A MIX OF VARIOUS TYPES THAT HELPED

MAINLY TO SUPPORT THE MEDICAL INTERVENTIONS FOR ALL GENDERS AND AGE

GROUPS, FROM RESUSCITATION TO THE TERTIARY HEALTH CARE SUPPORT, AND

HELPED IN DAILY LIFE SAVING SUPPORT IN 12 LARGE HOSPITALS.

IRUSA DISTRIBUTED OVER 2,800 MEDICAL ITEMS MAKING TWO 40 FEET

CONTAINERS OF MEDICAL SUPPLIES TO SEVEN MAJOR PUBLIC HOSPITALS IN

KABUL, AFGHANISTAN. THESE DONATIONS WERE VITAL AND LIFE SAVING FOR THE

PEOPLE OF AFGHANISTAN. THE DONATIONS DIRECTLY IMPROVED THE WELLBEING

AND HEALTH STATUS OF OVER 49,200 AFGHANS INCLUDING OVER 50% WOMEN AND

CHILDREN.

IRUSA DISTRIBUTED ONE 40 FEET CONTAINER OF PHARMACEUTICALS AND TWO 40

FEET CONTAINERS OF MEDICAL SUPPLIES TO NINE REGIONAL HOSPITALS AND 57

DISTRICT HEALTH CENTERS IN SIX REGIONS (TAHOUA, MARADI, ZINDER AND

DOSSO, TILLABERI AND NIAMEY) OF NIGER. THE DONATIONS HELPED

APPROXIMATELY 793,733 PEOPLE ACROSS SIX REGIONS.

IRUSA DISTRIBUTED TWO 40 FEET CONTAINERS OF PHARMACEUTICALS TO 18

HEALTH CENTRES CONSISTING OF COMMUNITY HEALTH CENTERS, REFERRAL HEALTH

CENTERS AND HOSPITALS ACROSS THREE REGIONS OF SEGOU, MOPTI AND THE

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

DISTRICT OF BAMAKO IN MALI. THE DONATIONS ENABLED 18 HEALTH CENTERS TO

SERVE 664,405 VULNERABLE PEOPLE IN MALI.

IN SOUTH SUDAN, INTERVENTIONS HAVE INCLUDED AN INCREASED PROVISION OF

RESPONSIVE HEALTH SERVICES TO THE CONFLICT AFFECTED POPULATIONS THAT

HAVE BEEN ACHIEVED THROUGH INCREASED ACCESS TO IMPROVED PRIMARY

HEALTHCARE SERVICES. THIS INCLUDES SUPPORTING OUTREACH SERVICES,

TRAINING HEALTH STAFF OF INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

AND TRAINING STAFF ON SEXUAL GENDER BASED VIOLENCE AND SETTING UP

REFERRAL SYSTEMS FOR SURVIVORS. ACTIVITIES HAVE ALSO INCLUDED TRAINING

COMMUNITY STAFF AND LOCAL POPULATIONS ON MATERNAL, INFANT AND YOUNG

CHILD NUTRITION.

IN JORDAN, IRUSA IS PROVIDING PRIMARY HEALTHCARE SERVICES TO SYRIAN

REFUGEES AND VULNERABLE JORDANIANS THROUGH ITS TWO MOBILE CLINICS THAT

COVER THE ENTIRE COUNTRY. THE PROJECT ALSO SUPPORTS SURGERIES AND

FOLLOW-UP CARE FOR PATIENTS REQUIRING IT, DIALYSIS FOR 10 SYRIANS, AND

AWARENESS SESSIONS ON VARIOUS HEALTH TOPICS.

IN YEMEN, IRUSA IS SUPPORTING NUTRITION PROGRAMMING TO ENSURE CHILDREN

UNDER 5 AND PREGNANT AND LACTATING WOMEN CAN GET BACK TO A HEALTHY

NUTRITIONAL STATUS. ADDITIONALLY, IR IS SUPPORTING PRIMARY HEALTH

CENTERS TO PROVIDE NEEDED BASIC HEALTHCARE.

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

CAPACITY THROUGH CLIMATE SMART AGRICULTURAL TRAINING, THE DISTRIBUTION

OF FAST MATURING SEEDS AND LIVESTOCK DISTRIBUTION AND HEALTH TRAINING.

IN MALAWI, IRUSA IS CONTRIBUTING TO IMPROVED FOOD SECURITY, INCOME AND

RESILIENCE OF VULNERABLE RURAL FARMING HOUSEHOLDS WHO HAVE BEEN

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

SEVERELY IMPACTED BY FREQUENT FLOOD AND DROUGHT HAZARDS THROUGH

AGRICULTURAL ASSET PROVISION AND TRAINING AS WELL AS IMPROVED

IRRIGATION SYSTEMS FOR FARMLAND.

IN MALI, IRUSA IS WORKING TO REBUILD LIVELIHOODS THROUGH ASSET

REHABILITATION THROUGH THE DISTRIBUTION OF LIVESTOCK AS WELL AS

AGRICULTURAL INPUTS. ACTIVITIES ALSO INCLUDE INCREASED OWNERSHIP OF

LAND FOR WOMEN THROUGH LAND RIGHTS REALIZATION AND ASSET CONTROLS. ON

THE JOB TRAINING INCLUDES CROP PRODUCTION, RICE PRODUCTION, FISH

FARMING THROUGH MAN MADE PONDS AND LIVESTOCK RAISING.

IN TURKEY, IRUSA IS TRAINING SYRIAN REFUGEES IN AGRICULTURE AND

APICULTURE PRACTICES, PROVIDING LAND RENT AND MATERIALS, AND ONGOING

MENTORING TO SUPPORT FARMERS EARN A LIVELIHOOD AND SUPPORT THEIR

FAMILIES. BENEFICIARIES WORK TOGETHER AND SHARE KNOWLEDGE TO MAXIMIZE

LEARNING AND OUTPUTS.

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 -

1- RAMADAN FOOD BOXES: PROVIDES FOOD TO THOUSANDS OF FAMILIES IN NEED

DURING THE MONTH OF RAMADAN, IRUSA FACILITATES THE PROCUREMENT AND

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

CREATION OF 40 LB FOOD BOXES TO DISTRIBUTE NATIONALLY.

2- QURBANI (MEAT DISTRIBUTION): QURBANI, OR SACRIFICE, IS THE TRADITION

OF SHARING MEAT WITH THE NEEDY AT THE END OF THE HAJJ PILGRIMAGE SEASON

IN TIME FOR THE CELEBRATION OF EID AL-ADHA. IT PROVIDES AN OPPORTUNITY

FOR PEOPLE WHO CANNOT AFFORD TO PURCHASE MEAT TO RECEIVE THE

NUTRITIONAL BENEFITS OF FRESH, CHILLED, OR FROZEN HALAL MEAT. PARTNERS

CAN RECEIVE QURBANI MEAT THROUGH THE PROCUREMENT MODEL OR GRANT MODEL.

3- SUMMER FOOD SERVICE PROGRAM: THE SUMMER FOOD SERVICE PROGRAM (SFSP),

CREATED AND FUNDED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE

(USDA), CURRENTLY PROVIDES ORGANIZATIONS WITH LIMITED FUNDING

OPPORTUNITIES TO PURCHASE AND PROVIDE MEALS TO THEIR LOCAL COMMUNITIES

IN THE FORM OF REIMBURSEMENTS. AS AN SFSP GRANT RECIPIENT,

ORGANIZATIONS ARE ABLE TO START A USDA-APPROVED SITE, INCREASE THE

CAPACITY OF THEIR CURRENT USDA-APPROVED SITE(S) OR DEVELOP THEIR ROLE

AS THE MEAL-PROVIDING SPONSOR TO SUB-GRANTEES, FOR A MAXIMUM OF \$5,000

PER FEEDING SITE.

4- THANKSGIVING TURKEY DISTRIBUTION: RUSA FACILITATES ANNUAL TURKEY

DISTRIBUTIONS IN CITIES ACROSS THE UNITED STATES DURING THANKSGIVING.

IRUSA PROCURES AND DELIVERS THOUSANDS OF TURKEYS TO PARTNERS THAT WILL

DELIVER THEM TO PEOPLE IN NEED.

5- MARTIN LUTHER KING JR. (MLK) DAY OF SERVICE: AT IRUSA, ON MLK DAY OF

SERVICE, WE WORK TO PROVIDE HOT MEALS, PPE, HATS/ GLOVES (DEPENDING ON

REGION), SCHOOL SUPPLIES, AND BASIC ESSENTIALS. THIS DAY IS AN EFFORT

TO PROVIDE SERVICES TO UNDERSERVED COMMUNITIES WHO MIGHT HAVE

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

OVERLOOKED NEEDS AFTER THE NEW YEAR.

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

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.

EXPENSES \$ 9,105,838. INCLUDING GRANTS OF \$ 8,124,768. 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 MALI AND NIGER, VARIOUS EMERGENCY INTERVENTIONS HAVE INCLUDED  
 SUPPORTING THE BASIC NEEDS OF INTERNALLY DISPLACED PERSONS DUE TO  
 OUTBREAKS OF CONFLICT THROUGHOUT NORTHERN MALI AND NORTHERN NIGER. THIS  
 INCLUDES PROVIDING CASH ASSISTANCE FOR FOOD SECURITY AND TEMPORARY

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

SHELTER.

IN SUDAN, INTERVENTIONS HAVE INCLUDED RESPONDING TO DEVASTATING FLOODS  
 BY PROVIDING FOOD ASSISTANCE, WATER, SANITATION, AND HYGIENE SERVICES,  
 AND IMMEDIATE SUPPORT TO ETHIOPIAN REFUGEES THROUGH TEMPORARY SHELTER  
 AND FOOD ASSISTANCE.

IRUSA HAS RESPONDED TO THE OUTBREAK OF COVID-19 THROUGH PREVENTATIVE  
 MEASURES, COMMUNITY SENSITIZATION ,AND SUPPORTED LOCAL HEALTH SYSTEMS  
 THROUGH THE DISTRIBUTION OF PPE AND THE CONSTRUCTION OF HANDWASHING  
 FACILITIES.

EXPENSES \$ 6,049,362. INCLUDING GRANTS OF \$ 5,251,596. 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:

IN SUDAN, IRUSA HAS FOCUSED ON SUPPORTING THE REHABILITATION OF A  
 SCHOOL WITH NEWLY CONSTRUCTED CLASSROOMS, WATER STRUCTURES AND PROVIDED  
 TEACHER TRAINING. INTERVENTIONS ALSO INCLUDED COMMUNITY SENSITIZATION  
 ON CHILD PROTECTION

IN TUNISIA, IRUSA IS FUNDING THE REHABILITATION OF THE LAVATORIES OF  
 PRIMARY SCHOOLS AND INSTALLING LIBRARIES TO IMPROVE THE LEARNING  
 ENVIRONMENT FOR THOUSANDS OF CHILDREN.

EXPENSES \$ 3,789,371. INCLUDING GRANTS OF \$ 3,283,301. REVENUE \$ 0.

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

WATER, SANITATION & HYGIENE (WASH):

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,  
SANITATION, AND WATER SUPPLY.

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

IN MALI AND NIGER, WATER PROJECTS HAVE INCLUDED SUPPLYING SCHOOLS WITH  
SOLAR POWERED BOREHOLES, IMPROVING LATRINE BLOCKS FOR ADEQUATE  
SANITATION.

IN SOUTH SUDAN, IRUSA HAS FOCUSED ON REHABILITATING BROKEN AND OVERUSED  
HAND PUMPS WITH RESILIENT DESIGNS, INCLUDING THE TRAINING OF WATER  
COMMITTEES IN THE COMMUNITIES IN ORDER TO MAINTAIN NEWLY REHABILITATED  
WATER SYSTEMS.

IN GAZA, IRUSA PARTNERS WITH ANERA TO DELIVER MUCH-NEEDED WATER  
INFRASTRUCTURE UPGRADES AND REHABILITATION. THE PROJECT ALSO PROVIDES  
HYGIENE KITS AND AWARENESS SESSIONS TO PROMOTE BETTER HEALTH AND  
HYGIENE AMONG GAZANS.

IN YEMEN, IRUSA IS FUNDING THE REHABILITATION OF 12 NON-FUNCTIONAL  
MUNICIPAL LEVEL WATER SOURCES AND PROVIDING COMMUNITIES WITH HYGIENE  
AWARENESS INFORMATION AND KITS TO PREVENT THE SPREAD OF CHOLERA,  
COVID-19, ETC.

EXPENSES \$ 1,721,403. INCLUDING GRANTS OF \$ 1,547,379. REVENUE \$ 0.

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

IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE

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

BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN

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

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

TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF

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

THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY.

SINCE 2016, IRUSA HAS ADOPTED A METHODOLOGY FOR THE PROGRAMS WE FUND

AND/OR IMPLEMENT IN WHICH A BENEFICIARY WHO IS PROVIDED WITH MULTIPLE

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

PROJECTS, IS COUNTED AS ONE INDIVIDUAL RECIPIENT. ALSO, BENEFICIARY

NUMBERS ARE INCLUSIVE OF ALL THOSE WHO WERE SERVED THROUGHOUT A

REPORTING YEAR, INCLUDING PROJECTS THAT MAY HAVE CARRIED OVER FROM ONE

YEAR TO THE NEXT OR ARE MULTIPLE YEAR PROJECTS.

FORM 990, PART IV, LINE 12

ISLAMIC RELIEF USA RECEIVED A CONSOLIDATED STATEMENT THAT INCLUDED

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

RELATED SUPPORTING ORGANIZATION, IRUSA WAQF, PREPARED IN ACCORDANCE

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

ITSELF AS A STANDALONE ENTITY.

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

THE IRS FORM 990 IS REVIEWED INTERNALLY BY THE FINANCE, PROGRAM, AND LEGAL

DEPARTMENTS. IT IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL

REVIEW PRIOR TO FILING WITH THE IRS.



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

## 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.

ITS EIN IS 48-1304650.

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

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

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

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

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 APPROVE OR ADJUSTS THE TOTAL COMPENSATION

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

AND/OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN  
 CONTEMPORANEOUS MINUTES. COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE  
 ORGANIZATION ARE APPROVED BY IRUSA'S BOARD OF DIRECTORS.

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

AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MS,MN,NJ,NH,NM,NY,OK,OR,PA,RI,SC  
 TN,UT,VA,WI,WV,NC

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

IRUSA'S FINANCIAL STATEMENTS ARE AVAILABLE AT: WWW.IRUSA.ORG. GOVERNING  
 DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST  
 AT: OFFICIAL@IRUSA.ORG. FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY  
 AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF  
 DISCLOSURE AS SET FORTH IN SECTION 6104(D).

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

REFUNDS/ADJUSTMENTS	795,482.
NET ASSET ADJUSTMENT RELATED TO WAQF	-35.
TOTAL TO FORM 990, PART XI, LINE 9	795,447.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <p style="text-align: center;">ISLAMIC RELIEF USA</p>	Employer identification number <p style="text-align: center;">95-4453134</p>
---	---

**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.	3,482,317.	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) 2020

**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.

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		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	B	1,581,293.	CASH
(2) IRUSA WAQF	K	136,070.	INVOICE
(3) IRUSA WAQF	Q	9,295.	INVOICE
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

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

**NAME OF RELATED ORGANIZATION:**

IRUSA WAQF

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ISLAMIC RELIEF USA	Taxpayer identification number (TIN)  95-4453134
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3655 WHEELER AVE.	
	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 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2020 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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