

# Return of Organization Exempt From Income Tax

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

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

2021

Open to Public Inspection

<b>A For the 2021 calendar year, or tax year beginning and ending</b>		
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ISLAMIC RELIEF USA <b>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</b> 3655 WHEELER AVE. <b>City or town, state or province, country, and ZIP or foreign postal code</b> ALEXANDRIA, VA 22304 <b>F Name and address of principal officer: SHARIF ALY</b> SAME AS C ABOVE	<b>D Employer identification number</b> 95-4453134  <b>E Telephone number</b> 703-370-7202  <b>G Gross receipts \$</b> 136,479,616. <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.IRUSA.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1993		
<b>M State of legal domicile:</b> CA		

Part I Summary		Prior Year	Current Year
<b>1</b>	Briefly describe the organization's mission or most significant activities: ISLAMIC RELIEF USA PROVIDES RELIEF AND DEVELOPMENT IN A DIGNIFIED MANNER REGARDLESS OF GENDER,		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	156
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	4000
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	108,900,647.	136,449,217.
<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)	570,910.	-4,134.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,280.	-516.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,605,837.	136,444,567.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,370,912.	43,967,807.
<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)	13,137,394.	14,389,664.
<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) ▶ 18,434,493.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,551,540.	14,350,618.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,059,846.	72,708,089.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	37,545,991.	63,736,478.
<b>20</b>	Total assets (Part X, line 16)	116,670,964.	182,616,288.
<b>21</b>	Total liabilities (Part X, line 26)	7,059,343.	3,749,222.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	109,611,621.	178,867,066.

Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	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 style="width: 30%;">Print/Type preparer's name MEREDITH BELL</td> <td style="width: 20%;">Preparer's signature MEREDITH BELL <i>MBell</i></td> <td style="width: 10%;">Date 11/11/22</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 30%;">PTIN P01696827</td> </tr> <tr> <td colspan="3">Firm's name ▶ RSM US LLP</td> <td colspan="2">Firm's EIN ▶ 42-0714325</td> </tr> <tr> <td colspan="3">Firm's address ▶ 1250 H STREET, SUITE 700 WASHINGTON, DC 20005</td> <td colspan="2">Phone no. 202-293-2200</td> </tr> </table>	Print/Type preparer's name MEREDITH BELL	Preparer's signature MEREDITH BELL <i>MBell</i>	Date 11/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01696827	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325		Firm's address ▶ 1250 H STREET, SUITE 700 WASHINGTON, DC 20005			Phone no. 202-293-2200	
Print/Type preparer's name MEREDITH BELL	Preparer's signature MEREDITH BELL <i>MBell</i>	Date 11/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01696827												
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325													
Firm's address ▶ 1250 H STREET, SUITE 700 WASHINGTON, DC 20005			Phone no. 202-293-2200													

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 \$ 15,515,079. including grants of \$ 13,039,601. ) (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 27,032 ORPHANS IN THE FOLLOWING 24 LOCATIONS THROUGH THE ORPHANS 1-2-1 SPONSORSHIP PROGRAM: AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHECHNYA, ETHIOPIA, INDIA, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON, MALAWI, MALI, NIGER, PAKISTAN, SOMALIA, SOUTH AFRICA, SRI LANKA, SUDAN, TUNISIA, TURKEY AND YEMEN.

4b (Code: ) (Expenses \$ 12,367,723. including grants of \$ 10,399,673. ) (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 TURKEY, IRUSA-SUPPORTED PROJECTS ARE TRAINING SYRIAN AND TURKISH WOMEN IN HAIRDRESSING, MOSAIC TILES, AND IN PASTRY MAKING AS WELL AS PROVIDING START-UP KITS AND MENTORSHIP TO START THEIR OWN BUSINESSES

4c (Code: ) (Expenses \$ 10,427,444. including grants of \$ 9,138,496. ) (Revenue \$ ) U.S. PROGRAMS: IRUSA U.S. PROGRAMS' MAIN INTERVENTIONS CONSIST OF: US 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. US GRANTS FOCUS ON PROVIDING 501(C)(3) ORGANIZATIONS WITH FUNDING OPPORTUNITIES THAT COVER A BROAD ARRAY OF SOCIAL ISSUES, ADDRESSING ONE OR MORE OF THE FOLLOWING: SHORT-TERM POVERTY AND HUNGER ALLEVIATION THROUGH THE PROVISION OF CRITICAL EMERGENCY SUPPORT SUPPORT FOR REFUGEE OR IMMIGRANT INTEGRATION THROUGH PROGRAMS ENABLING REFUGEES AND IMMIGRANTS TO BECOME ECONOMICALLY SELF-SUFFICIENT AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,557,216. including grants of \$ 11,390,037. ) (Revenue \$ )

4e Total program service expenses 51,867,462.

**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> ? See instructions .....		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 Rev. Proc. 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> See instructions .....		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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 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 on 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			X				202,907.	0.	39,273.
(2) SHARIF ALY CHIEF EXECUTIVE OFFICER	40.00 3.00			X				183,861.	0.	58,297.
(3) SHERIF AHMED CHIEF OPERATING OFFICER	40.00 3.00			X				168,638.	0.	58,023.
(4) AZHAR AZEEZ DIR. OF STRATEGIC PARTNERSHIPS	40.00					X		160,918.	0.	64,467.
(5) ASHAR AKHTAR GENERAL COUNSEL	40.00 10.00					X		139,885.	31,800.	51,408.
(6) AHMED SHEHATA DIRECTOR OF FUND DEVELOPMENT	40.00					X		151,250.	0.	57,741.
(7) TAREQ OSMAN CONTROLLER	40.00 3.00			X				167,439.	0.	37,674.
(8) DAVID HAWA DIRECTOR OF COMMUNICATIONS	40.00					X		153,338.	0.	51,554.
(9) MOHAMMAD TAMMAM DANDASHI DIRECTOR OF BUSINESS SERVICES	40.00					X		142,699.	0.	51,575.
(10) HAMADI BENGABSIA CHAIRMAN OF THE BOARD	3.00	X		X				0.	0.	0.
(11) HAMDY RADWAN VICE CHAIRMAN	3.00	X		X				0.	0.	0.
(12) HUSSEIN ATA TREASURER	3.00	X		X				0.	0.	0.
(13) AHMED AZAM CORPORATE SECRETARY	3.00	X		X				0.	0.	0.
(14) KHALED LAMADA DIRECTOR	3.00 3.00	X						0.	0.	0.
(15) IHAB M. HAMDI SAAD DIRECTOR	3.00	X						0.	0.	0.
(16) GREGORY MITCHELL DIRECTOR FROM 12/10/21	3.00	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 <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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> .....							1,470,935.	31,800.	470,012.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,470,935.	31,800.	470,012.	

**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 **19**

	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	3,575,631.
1 HACKER WAY, MENLO PARK, CA 94025 MORE VANG	ADVERTISING	1,410,584.
PO BOX 16240, ALEXANDRIA, VA 22302 JACKSON RIVER, LLC	PRINT MATERIALS	615,190.
PO BOX 931604, ATLANTA, GA 31193 CLEAR CHANNEL OUTDOOR	ONLINE SOFTWARE PLATFORM	426,128.
PO BOX 847247, DALLAS, TX 75284	ADVERTISING	209,299.

**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 **11**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	121,926.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,200,319.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	134,126,972.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,116,056.				
	<b>h Total.</b> Add lines 1a-1f .....			136,449,217.			
<b>Program Service Revenue</b>	<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 Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<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>		4,134.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-4,134.			
<b>d</b> Net gain or (loss) .....			-4,134.		-4,134.		
<b>8 a</b> Gross income from fundraising events (not including \$ 121,926. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		6,341.				
			30,915.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-24,574.		-24,574.		
<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 .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	24,058.		24,058.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			24,058.			
<b>12 Total revenue.</b> See instructions .....			136,444,567.	0.	0.	-4,650.	

**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 ...	5,103,204.	5,103,204.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	4,035,292.	4,035,292.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	34,829,311.	34,829,311.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	918,099.	315,355.	80,439.	522,305.
<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 .....	9,434,949.	3,240,781.	826,640.	5,367,528.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	374,977.	128,800.	32,853.	213,324.
<b>9</b> Other employee benefits .....	2,807,298.	964,269.	245,961.	1,597,068.
<b>10</b> Payroll taxes .....	854,341.	293,455.	74,853.	486,033.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	124,750.	16,611.	16,346.	91,793.
<b>c</b> Accounting .....	70,979.	9,451.	9,300.	52,228.
<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.)	698,296.	92,982.	91,497.	513,817.
<b>12</b> Advertising and promotion .....	7,254,350.	1,330,966.		5,923,384.
<b>13</b> Office expenses .....	2,288,248.	731,182.	477,319.	1,079,747.
<b>14</b> Information technology .....	691,269.	193,167.	206,553.	291,549.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	350,772.	72,176.	60,067.	218,529.
<b>17</b> Travel .....	566,682.	212,110.	20,458.	334,114.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,357,024.	63,748.	256.	1,293,020.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	227,816.	41,697.	113,599.	72,520.
<b>23</b> Insurance .....	270,317.	95,630.	56,697.	117,990.
<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> DUES & SUBSCRIPTION	191,568.	67,771.	40,180.	83,617.
<b>b</b> EVENTS	157,749.	4,566.	5,089.	148,094.
<b>c</b> EDUCATION & TRAINING	66,837.	7,938.	49,338.	9,561.
<b>d</b> BUSINESS DUES	63,162.	22,345.	13,248.	27,569.
<b>e</b> All other expenses	-29,201.	-5,345.	-14,559.	-9,297.
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,708,089.	51,867,462.	2,406,134.	18,434,493.
<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 <input type="checkbox"/> 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 .....	42,376,959.	<b>1</b>	57,687,152.
	<b>2</b> Savings and temporary cash investments .....	90,808.	<b>2</b>	940,053.
	<b>3</b> Pledges and grants receivable, net .....	57,712,274.	<b>3</b>	92,694,354.
	<b>4</b> Accounts receivable, net .....	15,833.	<b>4</b>	11,645.
	<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 .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	975,493.	<b>9</b>	1,054,866.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,165,993.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,560,162.		
	<b>11</b> Investments - publicly traded securities .....	3,689,316.	<b>10c</b>	3,605,831.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	11,765,195.	<b>11</b>	26,567,450.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	45,086.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	116,670,964.	<b>15</b>	54,937.	
		<b>16</b>	182,616,288.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,807,077.	<b>17</b>	2,193,478.
	<b>18</b> Grants payable .....	3,051,947.	<b>18</b>	1,555,744.
	<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 .....	2,200,319.	<b>25</b>	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,059,343.	<b>26</b>	3,749,222.
<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 .....	45,117,047.	<b>27</b>	69,852,985.
	<b>28</b> Net assets with donor restrictions .....	64,494,574.	<b>28</b>	109,014,081.
	<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 .....	109,611,621.	<b>32</b>	178,867,066.
<b>33</b> Total liabilities and net assets/fund balances .....	116,670,964.	<b>33</b>	182,616,288.	

**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>	136,444,567.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,708,089.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	63,736,478.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	109,611,621.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,793,346.
<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>	725,621.
<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>	178,867,066.

**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 on 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)**

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

**2021**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center;">ISLAMIC RELIEF USA</p>	<b>Employer identification number</b> <p style="text-align:center;">95-4453134</p>
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**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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	145,421,015.	117,860,557.	90,129,250.	109,101,604.	136,452,751.	598,965,177.
<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 .....	145,421,015.	117,860,557.	90,129,250.	109,101,604.	136,452,751.	598,965,177.
<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.						598,965,177.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	145,421,015.	117,860,557.	90,129,250.	109,101,604.	136,452,751.	598,965,177.
<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.) .....	23,890.	23,815.	32,410.		24,058.	104,173.
<b>11 Total support.</b> Add lines 7 through 10						599,069,350.
<b>12</b> 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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.98 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.99 %

**16a 33 1/3% support test - 2021.** 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 - 2020.** 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 - 2021.** 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 - 2020.** 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<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>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>1</b>		
<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>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>3</b> By reason of the relationship described on 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>1</b>		
<b>2</b>		
<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>b</b> Did the activities described on 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>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>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>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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	

<b>Section C - Distributable Amount</b>			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).		

**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 2021 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-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<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 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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:

INCOME FROM CREDIT CARD REWARDS

2017 AMOUNT: \$ 23,890.

2018 AMOUNT: \$ 23,815.

2019 AMOUNT: \$ 32,410.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 24,058.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

LHA

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<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) .....	19,042.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	19,042.													
<b>d</b>	Other exempt purpose expenditures .....	72,719,962.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	72,739,004.													
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	100,352.	11,281.	13,537.	19,042.	144,212.
<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.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.



**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 .....             | <b>1c</b> |
| d Additions during the year .....     | <b>1d</b> |
| e Distributions during the year ..... | <b>1e</b> |
| f Ending balance .....                | <b>1f</b> |
- 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 .....  | <b>3a(i)</b>  |    |
| (ii) Related organizations .....   | <b>3a(ii)</b> |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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.	947,695.	2,058,807.
c Leasehold improvements .....		36,725.	21,280.	15,445.
d Equipment .....		35,000.	28,000.	7,000.
e Other .....		784,487.	563,187.	221,300.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				3,605,831.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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>	136,628,463.
<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>	172,905.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	172,905.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	136,455,558.
<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>	-10,991.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-10,991.
<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>	136,444,567.

**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>	70,244,104.
<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>	-312,188.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-312,188.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	70,556,292.
<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>	2,151,797.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,151,797.
<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>	72,708,089.

**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:

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

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

U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS NO LONGER SUBJECT TO U.S.

FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR

YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT

172,905.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B	-30,915.
REALIZED GAIN (LOSS) ON FOREIGN CURRENCY EXCHANGE	-4,134.
OTHER REVENUE REPORTED ON PART VIII, LINE 11	24,058.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-10,991.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT	382,518.
SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B	30,915.
GRANT REFUNDS	-725,621.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-312,188.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION TO IRUSA WAQF	2,151,797.
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**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

**2021**

Open to Public  
Inspection

Name of the organization  ISLAMIC RELIEF USA	Employer identification number  95-4453134
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		1,293,771.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		2,826,454.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		15,164,195.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		419,432.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		7,427,191.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		7,698,268.
<b>3 a</b> Subtotal .....	0	0			34,829,311.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			34,829,311.

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

Schedule F (Form 990) 2021

**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)
		EAST ASIA AND THE PACIFIC	INDONESIA ORPHAN SPONSHORSHIP	159,600.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RAMADAN FOOD PACHAGES FOR INDONESIA, MYANMAR & PHILIPPINES	277,294.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	QURBANI 2021 FOR INDONESIA, MYANMAR & PHILIPPINES	537,588.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	BUSHFIRES EMERGENCY APPEAL IN AUSTRALIA	30,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	COVID19 RESPONSE THROUGH FOOD SECURITY IN RAKHINE STATE (CRFS), MYANMAR	95,085.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	AID FOR SUPER TYPHOON ROLLY IN BICOL REGION IN PHILIPPINES	194,204.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ORPHAN SPONSORSHIP - ALBANIA, BOSNIA, KOSOVO & TURKEY	928,195.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	URGENT ASSISTANCE AFFECTED FAMILIES IN ZMIR TURKEY EARTHQUAKE	25,000.	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 ..... **7**

3 Enter total number of other organizations or entities ..... **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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	URGENT HUMANITARIAN RESPONSE TO MIGRANT CRISIS BOSNIA	198,910.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	URGENT SUPPORT TO COVID-19 RESPONSE IN SPAIN	50,137.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COVID-19 RESPONSE IN ALBANIA AND KOSOVO	127,289.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	QURBANI 2021 - ALBANIA, BOSNIA, KOSOVO, MACEDONIA & TURKEY	346,871.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RAMADAN FOOD PACKAGES FOR ALBANIA, BOSNIA, KOSOVO, MACEDONIA, SPAIN & TURKEY	322,356.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEAN WATER, SANITATION AND HYGIENE FACILITIES FOR THE VULNERABLE	237,952.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PURSuing EXCELLENCE THROUGH LEARNING AND EFFECTIVENESS (PELE) PHASE 3	589,744.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY SUPPORT TO ORTHOPAEDIC PHYSICAL THERAPY CENTER IN TAIZ	129,858.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	ORPHAN SPONSORSHIP - IRAQ, JORDAN, LEBANON, TUNISIA & YEMEN	5,125,328.	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	COVID-19 RESPONSE IN JORDAN & TUNISIA	445,984.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA EMERGENCY RESPONSE FOOD VOUCHERS, PALESTINE/NORTH GAZA	200,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA IDLEB FLOOD RESPONSE	200,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN HEALTH RESPONSE	140,458.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	QURBANI 2021 - JORDAN, LEBANON, TUNISIA & YEMEN	2,059,779.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES FOR JORDAN, LEBANON, TUNISIA & YEMEN	547,195.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	COVID-19 EMERGENCY RESPONSE, GAZA, PALESTINE	300,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN 2021 FOOD ASSISTANCE VOUCHERS PROJECT PALESTINE	325,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	QURBANI DISTRIBUTION IN GAZA, PALESTINE	375,000.	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	PROVISION OF LIFESAVING OF EMERGENCY HUMANITARIAN IN SYRIA	499,496.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RAMADAN FOOD PACKAGES FOR YEMEN	534,953.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	QURBANI - JORDAN FROZEN MEAT	766,043.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	MAKASSED HOSPITALS QUEST FOR INTERNATIONAL CERTIFICATION, EAST	908,103.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	GAZA URGENT WATER SANITATION AND HYGIENE (WASH III) PROJECT	950,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY NUTRITION RESPONSE FOR ACUTELY MALNOURISHED CHILDREN, PREGNANT	1,399,095.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA ORPHAN SPONSORSHIP	360,512.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CHECHNYA QURBANI AND RAMADAN FOOD DISTRIBUTION	58,920.	WIRE	0.		
		SOUTH ASIA	WINTERIZATION ASIA - AFGHANISTAN, NEPAL & BANGLADESH	28,574.	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 ASSISTANCE CYCLONE AMPHAN BANGLADESH	49,998.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD DISTRIBUTION	68,194.	WIRE	0.		
		SOUTH ASIA	EMERGENCY ASSISTANCE TO THE FLOOD-AFFECTED FAMILIES IN KAPISA AFGHANISTAN	97,098.	WIRE	0.		
		SOUTH ASIA	SUPPORTING FLOOD AFFECTED COMMUNITY IN BUILDING BACK BETTER	97,828.	WIRE	0.		
		SOUTH ASIA	COVID-19 RESPONSE	99,706.	WIRE	0.		
		SOUTH ASIA	INDIA QURBANI 2021	150,000.	WIRE	0.		
		SOUTH ASIA	COVID RELIEF 2021 IN INDIA	250,000.	WIRE	0.		
		SOUTH ASIA	RAMADAN FOOD PACKAGES FOR AFGHANISTAN, BANGLADESH, NEPAL, PAKISTAN, & SRI LANKA	455,003.	WIRE	0.		
		SOUTH ASIA	FLOOD EMERGENCY RESPONSE KARACHI (FERK), SINDH PROVINCE; PAKISTAN	296,232.	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	STRENGTHENING FACILITIES AND CAPACITY OF ROHINGYA AND HOST COMMUNITY	394,969.	WIRE	0.		
		SOUTH ASIA	QURBANI 2021 - AFGHANISTAN, BANGLADESH, NEPAL & PAKISTAN	949,296.	WIRE	0.		
		SOUTH ASIA	MEDICINE SUPPORT FOR AFGHANISTAN	514,744.	WIRE	0.		
		SOUTH ASIA	ORPHAN SPONSORSHIP - AFGHANISTAN, BANGLADESH, INDIA, PAKISTAN & SRI LANKA	3,975,549.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATE A LEADER	19,778.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORTING EARLY RECOVERY OF FLOOD AFFECTED HOUSEHOLDS, NIGER	400,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY FOOD ASSISTANCE IN BAMBARA MAOUDE, MALI	99,874.	WIRE	0.		
		SUB-SAHARAN AFRICA	MALI DISASTER RISK REDUCTION CIRCLE OF NARA	99,156.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE IN ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA & SUDAN	1,035,794.	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	SUPPORTING EARLY RECOVERY FOR IDPS IN MANGAIZE VILLAGE (SERIM), NIGER/OUALLAM	99,972.	WIRE	0.		
		SUB-SAHARAN AFRICA	REBUILDING LIVELIHOODS AND REDUCING FOOD INSECURITY IN MALI	103,545.	WIRE	0.		
		SUB-SAHARAN AFRICA	FLASH FLOODS RESPONSE IN AFGOOYE DISTRICT & BELEDWEYNE DISTRICT (REFLO), SOMALIA	348,601.	WIRE	0.		
		SUB-SAHARAN AFRICA	RAMADAN FOOD PACKAGES FOR ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH	495,806.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FLOOD AFFECTED COMMUNITIES IN GARISSA COUNTY, KENYA	147,283.	WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN SPONSORSHIP - ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH AFRICA	2,480,751.	WIRE	0.		
		SUB-SAHARAN AFRICA	QURBANI 2021 - ETHIOPIA, KENYA, MALAWI, MALI, NIGER, SOMALIA, SOUTH	1,507,172.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED LIVELIHOOD AND PROTECTION FOR EMPOWERING COMMUNITY IN T/A MALEMIA, ZOMBA	509,991.	WIRE	0.		
		SUB-SAHARAN AFRICA	TEREKEKA FLOOD EMERGENCY RESPONSE, SOUTH SUDAN	347,828.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	MOROCCO - MEDICAL EQUIPMENT	0.		257,903.	MEDICAL EQUIPMENT	DONOR'S VALUATION

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**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.

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



**Part V Supplemental Information**

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

OF THE FINANCE DEPARTMENT'S AUDIT OF THE GRANT, IT IS DETERMINED BY IRUSA

THAT THE GRANT FUNDS HAVE BEEN EXPENDED IN VIOLATION OF THE TERMS OF THE

GRANT AGREEMENT, THE PROGRAMS DEPARTMENT, WITH THE ASSISTANCE FROM THE

FINANCE DEPARTMENT, MAY SEND A WRITTEN DEMAND TO THE GRANTEE FOR A REFUND

OF SUCH AMOUNT IN FULL OR IN PART TO IRUSA.

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

TO THE GRANTEE UNTIL ALL ISSUES ARE RESOLVED TO THE SATISFACTION OF BOTH

THE PROGRAMS AND FINANCE DEPARTMENTS.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CLEAN WATER, SANITATION AND HYGIENE FACILITIES FOR

THE VULNERABLE COMMUNITIES IN KOSOVO

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: MAKASSED HOSPITALS QUEST FOR INTERNATIONAL

CERTIFICATION, EAST JERUSALEM

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: EMERGENCY NUTRITION RESPONSE FOR ACUTELY

MALNOURISHED CHILDREN, PREGNANT AND LACTATING WOMEN IN YEMEN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHENING FACILITIES AND CAPACITY OF ROHINGYA

AND HOST COMMUNITY AGAINST COVID 19 UNDER COX'S BAZAR DISTRICT IN

BANGLADESH

**Part V Supplemental Information**

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING EARLY RECOVERY FOR IDPS IN MANGAIZE

VILLAGE (SERIM), NIGER/OUALLAM DISTRICT, TILLABERI REGION

REGION: SUB-SAHARAN AFRICA

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

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ORPHAN SPONSORSHIP - ETHIOPIA, KENYA, MALAWI,

MALI, NIGER, SOMALIA, SOUTH AFRICA & SUDAN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: QURBANI 2021 - ETHIOPIA, KENYA, MALAWI, MALI,

NIGER, SOMALIA, SOUTH AFRICA, SOUTH SUDAN & SUDAN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED LIVELIHOOD AND PROTECTION FOR

EMPOWERING COMMUNITY IN T/A MALEMIA, ZOMBA DISTRICT MALAWI

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

**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.

AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM 5713.

Horizontal lines for supplemental information entry.

**SCHEDULE G  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

ISLAMIC RELIEF USA

**Employer identification number**

95-4453134

**Part I**

**Fundraising Activities.**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

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

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**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))
		PRIVATE DINNER (event type)	DINNER (event type)	3 (total number)	
Revenue	<b>1</b> Gross receipts .....	49,034.	45,016.	34,217.	128,267.
	<b>2</b> Less: Contributions .....	47,824.	41,900.	32,202.	121,926.
	<b>3</b> Gross income (line 1 minus line 2) .....	1,210.	3,116.	2,015.	6,341.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	6,235.		3,305.	9,540.
	<b>7</b> Food and beverages .....	6,235.	2,244.	4,187.	12,666.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	2,039.	2,383.	4,287.	8,709.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				30,915.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-24,574.	

**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:
 

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**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 noncash 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
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	100,000.	0.			CLIENT CORRIDOR BUILD OUT
UNIVERSITY MEDICAL MUSLIM ASSOCIATION (UMMA) COMMUNITY CLINIC - 711 W. FLORENCE AVENUE - LOS ANGELES, CA 90044	95-4666712	501(C)(3)	100,000.	0.			CARE TEAM INTEGRATION
AL-MAUN NEIGHBORLY NEEDS"OF LAS VEGAS" - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	100,000.	0.			COMMUNITY DEVELOPMENT & VIOLENCE REDUCTION
COLLECTIONS & STORIES OF AMERICAN MUSLIMS, INC - 2524 ELVANS ROAD SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	83,275.	0.			AMERICA'S ISLAMIC HERITAGE MUSEUM CAPACITY BUILDING & COMMUNITY ENGAGEMENT
C-ASSIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	75,000.	0.			C-ASSIST & IRUSA HEALTH COLLABORATIVE
AMAANAH REFUGEE SERVICES 11807 WESTHEIMER, SUITE 550 PMB 10 HOUSTON, TX 77077	26-3047598	501(C)(3)	75,000.	0.			TEACH 360-ENGLISH SUPPORT TO ESL STUDENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 99.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

**Schedule I (Form 990) 2021**



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS CALIFORNIA SERVICES 631 S BROOKHURST STREET, SUITE 107 ANAHEIM, CA 92804	33-0826205	501(C)(3)	75,000.	0.			CASE MANAGEMENT & EMERGENCY FINANCIAL ASSISTANCE
TEXAS MUSLIM WOMEN'S FOUNDATION, INC. - 1700 ALMA DRIVE, SUITE 365 - PLANO, TX 75075	20-3060929	501(C)(3)	60,000.	0.			PEACE IN THE HOME SOCIAL SERVICES: ADDRESSING CRITICAL NEEDS FOR DOMESTIC VIOLENCE VICTIMS
ISLAMIC SOCIAL SERVICES OF OREGON STATE - 15967 SW ENNA CT - PORTLAND, OR 97224	38-3655438	501(C)(3)	57,500.	0.			SUBSIDIZED HOUSING TO PREVENT HOMELESSNESS
THE COUNCIL OF ISLAMIC ORGANIZATIONS, MICHIGAN - 27550 HOOVER ROAD - WARREN, MI 48093	38-3073638	501(C)(3)	50,000.	0.			2021 US QURBANI
NARIKA 3155 KEARNEY STREET, SUITE 190 FREMONT, CA 94538	94-3162871	501(C)(3)	50,000.	0.			COUNSELING FOR IMMIGRANT AND VULNERABLE WOMEN EXPERIENCING VIOLENCE
DAR AL- HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	50,000.	0.			DAH COMMUNITY HEALTH INITIATIVE
WAFI HOUSE, INC. 1114 MAIN AVENUE UNIT 2102 CLIFTON, NJ 07011	20-0845890	501(C)(3)	40,000.	0.			EXPANSION OF COMMUNITY DEVELOPMENT FOR MUSLIM AND IMMIGRANTS OUTREACH AND RECOVERY SERVICES
SUPPORT LIFE FOUNDATION 3349 INTERNATIONAL BLVD, SUITE #3 OAKLAND, CA 94601	47-1675693	501(C)(3)	40,000.	0.			2021 SUMMER FOOD SERVICE PROGRAM (SFSP)
PURPLE HEARTS, INC. 7603 FLAGSTONE STREET FORT WORTH, TX 76118	45-2856302	501(C)(3)	40,000.	0.			SUMMER FOOD SERVICE PROGRAM (SFSP)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228	38-3537457	501(C)(3)	40,000.	0.			SUMMER FOOD SERVICE PROGRAM (SFSP)
FJV FOUNDATION 1601 OSPREY DRIVE, SUITE #206 DESOTO, TX 75115	27-4684437	501(C)(3)	40,000.	0.			2021 SUMMER FOOD SERVICE PROGRAM (SFSP)
D&R COMMUNITY AND YOUTH INSTITUTE 2041 BASIE DRIVE MARRERO, LA 70072	11-3656636	501(C)(3)	40,000.	0.			2021 SUMMER FOOD SERVICE PROGRAM (SFSP)
AL-MAA'UUN 1729 LYNDAL AVENUE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	40,000.	0.			2021 SUMMER FOOD SERVICE PROGRAM (SFSP)
UNITED WAW OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD, SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	35,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
KEYS EMPOWER INC. 7501 LIBERTY ROAD, SUITE #F BALTIMORE, MD 21207	81-2737275	501(C)(3)	35,000.	0.			MATHEW HENSON COMMUNITY PANTRY & GARDEN
REACHING ALL HIV MUSLIMS IN AMERICA, INC.-RAHMA - 2402B STRIPED MAPLE CIR - HERNDON, VA 20171	46-1586946	501(C)(3)	30,000.	0.			WE WERE CUT FOR MEN PROJECT
WOMEN FOR AFGHAN WOMEN 158-24 73RD AVE. FRESH MEADOWS, NY 11366	02-0539734	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
PURPLE HEARTS, INC. 7603 FLAGSTONE STREET FORT WORTH, TX 76118	45-2856302	501(C)(3)	25,000.	0.			HARVEST TIME IN A PANDEMIC

Schedule I (Form 990)

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MUSLIM HOUSING SERVICES 6727 RAINIER AVE S. # 26 SEATTLE, WA 98118	91-1987910	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON ST - BUFFALO, NY 14213	42-1571876	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
ISLAMIC ASSOCIATION OF COLLIN COUNTY - 6401 INDEPENDENCE PARKWAY - PLANO, TX 75023	75-2705859	501(C)(3)	25,000.	0.			HEALTH CARE CLINIC OPERATIONS AND EXPANSION
GLOBAL EMERGENCY RESPONSE AND ASSISTANCE - 119 GENESEE AVENUE - PATERSON, NJ 07503	81-1413069	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
CULTURINGUA 8920 JOHN BARRETT DRIVE SAN ANTONIO, TX 78240	84-1940407	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
COUNCIL ON AMERICAN ISLAMIC RELATIONS, CALIFORNIA-CAIR-CA - 2180 W. CRESCENT AVE, STE. F - ANAHEIM, CA 92801	77-0411194	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
CORNERSTONE MARRIAGE & FAMILY INTERVENTION, INC - 25 WINDING WAY - PRINCETON, NJ 08540	82-1945817	501(C)(3)	25,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
ST. JAMES MISSIONARY BAPTIST CHURCH OF ST. LOUIS - 3824 SWEEPSTAKES COURT - FLORISSANT, MO 63034	43-1582617	501(C)(3)	20,000.	0.			2021 SFSP

Schedule I (Form 990)

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MAJLIS ASH-SHURA OF METROPOLITAN NEW YORK, INC. - 88-29 161ST STREET - JAMAICA, NY 11432	27-3768840	501(C)(3)	20,000.	0.			PREPAID DEBIT CARDS FOR FINANCIALLY STRUGGLING FAMILIES
BARAKAH MUSLIM CHARITY, INC. 379 RANSFORD AVENUE ROCHESTER, NY 14622	46-4478039	501(C)(3)	19,702.	0.			REFUGEE RELIEF PROJECT REST (REFUGEE EXPANDED SERVICES TEAM)
MUSLIM AMERICAN SOCIETY- MAS NATIONAL - 712 H STREET NE SUITE 1258 - WASHINGTON, DC 20002	36-3885452	501(C)(3)	17,000.	0.			DHUL-HIJAH HOT MEAL DISTRIBUTION
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	15,000.	0.			CULINARY ARTS WORKFORCE DEVELOPMENT PROGRAM
UNITED SOMALI BANTU OF GREATER PITTSBURGH INC - 545 ELMER L WILLIAMS SQUARE - PITTSBURGH, PA 15206	81-3129497	501(C)(3)	15,000.	0.			2021 US QURBANI
SUPPORT LIFE FOUNDATION 3349 INTERNATIONAL BLVD SUITE #3 OAKLAND, CA 94601	47-1675693	501(C)(3)	15,000.	0.			2021 US QURBANI
ROHINGYA CULTURE CENTER 2740 WEST DEVON AVENUE CHICAGO, IL 60659	81-0882096	501(C)(3)	15,000.	0.			2021 US QURBANI
PALESTINIAN AMERICAN COMMUNITY CENTER (PACC) - 388 LAKEVIEW AVENUE - CLIFTON, NJ 07011	46-5270907	501(C)(3)	15,000.	0.			2021 US QURBANI
MASJID AL-ISLAM- DALLAS, TEXAS 4422 JAMIE WAY DALLAS, TX 75236	75-2941409	501(C)(3)	15,000.	0.			2021 DAY OF DIGNITY

Schedule I (Form 990)

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FJV FOUNDATION 1601 OSPREY DRIVE, SUITE #206 DESOTO, TX 75115	27-4684437	501(C)(3)	15,000.	0.			HANDS UP - KNOW YOUR RIGHTS
CULTURINGUA 23415 TREEMONT PARK SAN ANTONIO, TX 78261	84-1940407	501(C)(3)	15,000.	0.			2021 US QURBANI
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE ROAD ATLANTA, GA 30316	58-1242857	501(C)(3)	15,000.	0.			2021 US QURBANI
ALNOOR ISLAMIC CENTER 6317 SUNSET LAKE ROAD FUQUAY VARINA, NC 27526	84-4862088	501(C)(3)	15,000.	0.			2021 US QURBANI
AL-MAA'UUN 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	15,000.	0.			2021 US QURBANI
THE MOSQUE FOUNDATION 7210 W 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	14,925.	0.			2021 US QURBANI
ZEINA LORRAINE, INC. 56 E 131 STREET, SUITE #5B NEW YORK, NY 10037	46-4681031	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
YUSUF SHAH ISLAMIC CENTER OF MOUNT VERNON, INC. - 10 SOUTH 2ND AVENUE, SUITE #11 - MOUNT VERNON, NY 10550	13-3288778	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES

Schedule I (Form 990)

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UPLIFT CHARITY CORPORATION 17299 BRAMBLE COURT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
UNITED SOMALI BANTU OF GREATER PITTSBURGH INC - 545 ELMER L WILLIAMS SQUARE - PITTSBURGH, PA 15206	81-3129497	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
SYLVESTER BROOME EMPOWERMENT VILLAGE - 4119 NORTH SAGINAW STREET - FLINT, MI 48505	47-5271086	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
SUPREME FAMILY FOUNDATION, INC. 1827 COLUMBIA DRIVE DECATUR, GA 30032	58-2384492	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
SUPPORT LIFE FOUNDATION 3349 INTERNATIONAL BLVD OAKLAND, CA 94601	47-1675693	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
SMART DEVELOPMENT, INC. 2185 MCKINLEY AVENUE LAKEWOOD, OH 44107	82-4991900	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
SAHABA INITIATIVE 6206 VERANO PLACE IRVINE, CA 92617	45-2488503	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
PALESTINIAN AMERICAN COMMUNITY CENTER (PACC) - 388 LAKEVIEW AVENUE - CLIFTON, NJ 07011	46-5270907	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
NARIKA 3155 KEARNEY STREET, SUITE 190 FREMONT, CA 94538	94-3162871	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES

Schedule I (Form 990)

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MUSLIMS GIVING BACK, INC. 5218 3RD AVENUE BROOKLYN, NY 11220	82-2712941	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
MUSLIM SISTERS OF STATEN ISLAND, INC. - 80 ARNOLD STREET - STATEN ISLAND, NY 10301	46-5695272	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
MUSLIM EDUCATORS ASSOCIATION, INC. 3416 BAHAMA DRIVE MIRAMAR, FL 33023	47-2269464	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
MUSLIM COMMUNITY CENTER OF PORTLAND - 5325 N VANCOUVER AVE - PORTLAND, OR 97217	91-1854576	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
MASJIDULLAH, INC. 7433 LIMEKILN PIKE PHILADELPHIA, PA 19138	22-2525050	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ISLAMIC SOCIAL SERVICES OF OREGON STATE - 15967 SW ENNA CT - PORTLAND, OR 97224	38-3655438	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228	38-3537457	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ISLAMIC ASSOCIATION OF RALEIGH 808 ATWATER STREET RALEIGH, NC 27607	58-1847133	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES

Schedule I (Form 990)

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ISLAMIC ASSOCIATION OF COLLIN COUNTY - 6401 INDEPENDENCE PARKWAY - PLANO, TX 75023	75-2705859	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ISLAH LA 1608 AMBERWOOD DRIVE, #5 SOUTH PASADENA, CA 91030	46-4148013	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
FJV FOUNDATION 1601 OSPREY DRIVE DESOTO, TX 75115	27-4684437	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
DIAMOND GIRL ROCK DYNASTY NON-PROFIT MUSIC ORGANIZ - 5349 WEST LEODRA LANE - LAVEEN, AZ 85339	46-2440392	501(C)(3)	12,500.	0.			2021 SFSP
CORNERSTONE MARRIAGE & FAMILY INTERVENTION, INC - 25 WINDING WAY - PRINCETON, NJ 08540	82-1945817	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE ROAD ATLANTA GA 30 ATLANTA, GA 30316	58-1242857	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ARAB AMERICAN ASSOCIATION OF NEW YORK, INC. - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
AMERICAN COUNCIL OF MINORITY WOMEN 1090 CONEY ISLAND AVENUE BROOKLYN, NY 11209	27-0861591	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
AMAANAH REFUGEE SERVICES 10506 RED CEDAR HOLLOW DRIVE KATY TX 77494, TX 77494	26-3047598	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES

Schedule I (Form 990)



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AL-MAUN NEIGHBORLY NEEDS"OF LAS VEGAS" - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
AL-MAA'UUN 1729 LYNDAL AVE NORTH MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
ALNOOR ISLAMIC CENTER 6317 SUNSET LAKE ROAD FUQUAY VARINA, NC 27526	84-4862088	501(C)(3)	12,500.	0.			2021 US RAMADAN FOOD BOXES
JLI ON FAITH AND LOCAL COMMUNITIES 5316 WINDBREAK DRIVE FREDERICKSBURG, VA 22407	81-0792145	501(C)(3)	12,000.	0.			COMPENDIUM OF GOOD PRACTICES ON CONDUCTING MEAL IN PARTNERSHIPS WITH INTERNATIONAL ACTORS AND
ZEINA LORRAINE, INC. 56 E 131 STREET, SUITE #5B NEW YORK, NY 10037	46-4681031	501(C)(3)	10,640.	0.			2021 TURKEY DISTRIBUTION
REFUGEES ENRICHMENT & DEVELOPMENT ASSOCIATION, INC - 2919 FULTON AVENUE - SACRAMENTO, CA 95821	82-2023971	501(C)(3)	10,600.	0.			2021 US RAMADAN FOOD BOXES
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
YUSUF SHAH ISLAMIC CENTER OF MOUNT VERNON, INC. - 10 SOUTH 2ND AVENUE, SUITE #11 - MOUNT VERNON, NY 10550	13-3288778	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
W.D MOHAMMED ISLAMIC CENTER 3015 E. BESSEMER AVENUE BENSON, NC 27504	46-5053181	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE

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UNITED SOMALI BANTU OF GREATER PITTSBURGH INC - 545 ELMER L WILLIAMS SQUARE - PITTSBURGH, PA 15206	81-3129497	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
THE NATIONAL ISLAMIC ASSOCIATION, INC. - 229-231 ROSEVILLE AVENUE - NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
THE MUSLIM SOCIETY OF DELAWARE VALLEY - 917 GREYSTONE DRIVE - WEST CHESTER, PA 19380	31-1176512	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
THE MOSQUE FOUNDATION 7210 W 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
SYLVESTER BROOME EMPOWERMENT VILLAGE - 4119 NORTH SAGINAW STREET - FLINT, MI 48505	47-5271086	501(C)(3)	10,000.	0.			2021 SFSP
SOCIETY OF ARAB AMERICAN NEIGHBORHOOD DEVELOPMENT - 6028 ANDRES AVE. - TINLEY PARK, IL 60477	46-5412339	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
SHARE KENTUCKY, INC. 572 GEORGETOWN STREET LEXINGTON, KY 40508	26-4451642	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
SALAAM CLEVELAND 1925 ST CLAIR AVE NE, #200 CLEVELAND, OH 44114	26-1368320	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
PURPLE HEARTS, INC. 7603 FLAGSTONE STREET FORT WORTH, TX 76118	45-2856302	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY

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PROJECT DOWNTOWN ORLANDO, INC. 20721 QUINELLA STREET ORLANDO, FL 32833	83-3833223	501(C)(3)	10,000.	0.			COVID-19 COMMUNITY RESPONSE INITIATIVE
PROJECT DOWNTOWN ORLANDO, INC. 20721 QUINELLA STREET ORLANDO, FL 32833	83-3833223	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
PALESTINIAN AMERICAN COMMUNITY CENTER (PACC) - 388 LAKEVIEW AVENUE - CLIFTON, NJ 07011	52-1718751	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
ORANGE COUNTY DISASTER REBUILD 123 S 6TH STREET ORANGE, TX 77630	83-0610455	501(C)(3)	10,000.	0.			2021 TEXAS WINTERIZATION
OLIVE COMMUNITY SERVICES, INC. 328 E COMMONWEALTH AVE FULLERTON, CA 92832	81-2938405	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
NORTH AUSTIN MUSLIM COMMUNITY CENTER-NAMCC - 11900 NORTH LAMAR BLVD - AUSTIN, TX 78753	22-2229888	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MUSLIMS GIVING BACK, INC. 5218 3RD AVENUE BROOKLYN, NY 11220	82-2712941	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	10,000.	0.			2021 SFSP

Schedule I (Form 990)

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MUSLIM WELFARE ASSOCIATION OF GREATER ORLANDO, INC. - 9204 PALM TREE DRIVE - WINDERMERE, FL 34786	59-2859564	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MUSLIM SOCIAL SERVICES AGENCY, INC 4307 WENTWORTH ROAD BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
MUSLIM SISTERS OF STATEN ISLAND, INC. - 80 ARNOLD STREET - STATEN ISLAND, NY 10301	46-5695272	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
MUSLIM HOUSING SERVICES 6727 RAINIER AVE S. # 26 SEATTLE, WA 98118	91-1987910	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
MUSLIM COMMUNITY CENTER OF PORTLAND - 5325 N VANCOUVER AVE - PORTLAND, OR 97217	91-1854576	501(C)(3)	10,000.	0.			COVID-19 COMMUNITY RESPONSE INITIATIVE
MUSLIM COMMUNITY CENTER OF CHARLOTTE, INC. - 3116 JOHNSTON OEHLER ROAD - CHARLOTTE, NC 28269	46-5633873	501(C)(3)	10,000.	0.			2021 US QURBANI
MUSLIM ASSOCIATION OF VIRGINIA, INC. - 5404 HOADLY ROAD - MANASSAS, VA 20112	54-1523749	501(C)(3)	10,000.	0.			2021 US AFGHAN EMERGENCY RESPONSE
MUSLIM AMERICAN SOCIETY UPPER NEW YORK- MAS-UNY - 380 WALNUT STREET - YONKERS, NY 10701	13-3963788	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MUSLIM AMERICAN SOCIETY OF QUEENS-MAS QUEENS - 35-13 23RD AVENUE - ASTORIA, NY 11105	11-3505402	501(C)(3)	10,000.	0.			2021 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 noncash 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 CHARLOTTE - P.O BOX 621101 - CHARLOTTE, NC 28262	20-5800179	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MUSLIM AMERICAN SOCIETY OF BROOKLYN & STATEN ISLAND, INC. - 1933 BATH AVENUE - BROOKLYN, NY 11214	45-4661688	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
MASJID AL-FURQAN WEST COBB ISLAMIC CENTER, INC. - 3861 ERNEST W BARRETT PKWY SW - MARIETTA, GA 30064	58-2074361	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MAS BROOKLYN AND STATEN ISLAND, INC. - 1933 BATH AVENUE - BROOKLYN, NY 11214	45-4661688	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
MAJLIS ASH-SHURA OF METROPOLITAN NEW YORK, INC. - 88-29 161ST STREET - JAMAICA, NY 11432	27-3768840	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
ISLAMIC SOCIETY OF BAY RIDGE, INC. 6807 5TH AVENUE BROOKLYN, NY 11220	11-3144804	501(C)(3)	10,000.	0.			2021 TURKEY DISTRIBUTION
ISLAMIC SOCIETY OF BAY RIDGE, INC. 6807 5TH AVENUE, SUITE A1 BROOKLYN, NY 11220	11-3144804	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
ISLAMIC SERVICES FOUNDATION 411 INDUSTRIAL ROAD, SUITE 105 RICHARDSON, TX 75081	75-2352043	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
ISLAMIC CENTER OF MARYLAND, INC. 19411 WOODFIELD ROAD GAITHERSBURG, MD 20841	52-1718751	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228	38-3537457	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
ISLAMIC ASSOCIATION OF NORTH TEXAS - IANT - 840 ABRAMS ROAD - RICHARDSON, TX 75081	23-7181345	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	74-1488102	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
HUMA FAITH 1617 PARK PLACE AVENUE STE 110 FORT WORTH, TX 76110	27-2191998	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
FJV FOUNDATION 1601 OSPREY DRIVE DESOTO, TX 75115	27-4684437	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
EAST PLANO ISLAMIC CENTER 4700 14TH STREET PLANO, TX 75074	20-0629612	501(C)(3)	10,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS - 1605 DAVISON FREEWAY - DETROIT, MI 48238	46-4246696	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
CORNERSTONE MARRIAGE & FAMILY INTERVENTION, INC - 25 WINDING WAY - PRINCETON, NJ 08540	82-1945817	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
COLLECTIONS & STORIES OF AMERICAN MUSLIMS, INC DBA AMERICA'S ISLAMIC HERITAGE MU - 2524 ELVANS ROAD SE - WASHINGTON, DC 20020	52-2066863	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-ASSIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
BAY RIDGE COMMUNITY DEVELOPMENT CENTER, INC. - 6806 5TH AVENUE, 2ND FLOOR - BROOKLYN, NY 11220	13-1837418	501(C)(3)	10,000.	0.			2021 TURKEY DISTRIBUTION
BARAKAH MUSLIM CHARITY, INC. 484 JEFFERSON AVENUE ROCHESTER, NY 14621	46-4478039	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
ATLANTA MASJID OF AL-ISLAM, LTD 560 FAYETTEVILLE ROAD ATLANTA, GA 30316	58-1242857	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
ARAB AMERICAN ASSOCIATION OF NEW YORK, INC. - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
AMERICAN MUSLIM COMMUNITY SERVICES 432 N SAGINAW STREET, SUITE 207 FLINT, MI 48502	47-2927555	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
AMERICAN COUNCIL OF MINORITY WOMEN 1090 CONEY ISLAND AVENUE BROOKLYN, NY 11209	27-0861591	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
AMANA FOUNDATION 104 COUNTRY LINE ROAD PHILADELPHIA, PA 19116	52-2226372	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY
AL-MAUN NEIGHBORLY NEEDS"OF LAS VEGAS" - 711 MORGAN AVE - LAS VEGAS, NV 89106	32-0087926	501(C)(3)	10,000.	0.			2021 DAY OF DIGNITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL-HUDA, INC. 5301 EDGEWOOD RD COLLEAGE PARK, MD 20740	52-1977912	501(C)(3)	10,000.	0.			2021 SFSP
APNA BROOKLYN COMMUNITY CENTER, INC. - 236 NEPTUNE AVENUE - BROOKLYN, NY 11235	82-0706930	501(C)(3)	9,998.	0.			2021 DAY OF DIGNITY
NLIFE, INC. 3237 SHANNON DRIVE BALTIMORE, MD 21213	47-1028428	501(C)(3)	9,994.	0.			2021 DAY OF DIGNITY
WELCOMING GAINESVILLE, INC. 11365 HENDON DRIVE JACKSONVILLE, FL 32246	81-0963933	501(C)(3)	9,985.	0.			LEARN, SHARE, AND CHANGE: A COMPREHENSIVE GRASSROOTS APPROACH FOR FIGHTING HATE IN FLORIDA
AS-SIDDIQ MUSLIM ORGANIZATION OF NY, INC. - PO BOX 200712 - SOUTH OZONE PARK, NY 11420	11-2979756	501(C)(3)	9,900.	0.			2021 COMMUNITY RESPONSE INITIATIVE
AMERICAN MUSLIM COMMUNITY CENTERS, INC. - 811 WILMA STREET - LONGWOOD, FL 32750	27-2491812	501(C)(3)	9,900.	0.			2021 COMMUNITY RESPONSE INITIATIVE
SYLVESTER BROOME EMPOWERMENT VILLAGE - 4119 NORTH SAGINAW STREET - FLINT, MI 48505	47-5271086	501(C)(3)	8,400.	0.			2021 TURKEY DISTRIBUTION
C-ASSIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	7,828.	0.			2021 TURKEY DISTRIBUTION
ZAMAN INTERNATIONAL 26091 TROWBRIDGE STREET INKSTER, MI 48141	20-1946065	501(C)(3)	6,250.	0.			2021 SFSP

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE MARRIAGE & FAMILY INTERVENTION, INC - 25 WINDING WAY - PRINCETON, NJ 08540	82-1945817	501(C)(3)	6,000.	0.			2021 COMMUNITY RESPONSE INITIATIVE
W.D MOHAMMED ISLAMIC CENTER 3015 E. BESSEMER AVENUE BENSON, NC 27504	46-5053181	501(C)(3)	5,040.	0.			2021 TURKEY DISTRIBUTION
IRUSA WAQF 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	47-1666091	501(C)(3)	2,151,797.	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
2019 HARVEY RECOVERY - ASSISTANCE TO REBUILD HOUSES	78	0.	410,663.	INVOICE	SUPPLIES AND EQUIPMENT
2021 RAMADAN	76997	0.	291,525.	INVOICE	FOOD ITEMS
2021 QURBANI	90000	0.	304,961.	INVOICE	FOOD ITEMS
DAY OF DIGNITY - PURCHASE OF COATS, HYGIENE, AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	31448	0.	828,004.	INVOICE	HYGIENE KITS, COATS, SCHOOL SUPPLIES, FOOD ITEMS
HOT MEALS DISTRIBUTION	69970	0.	702,110.	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
MEAL PACKS	316,008.	0.	632,412.	INVOICE	MEAL PACKS
2021 TURKEY DISTRIBUTION	82,400.	0.	380,946.	INVOICE	FOOD ITEMS FOR NEEDY FAMILIES (TURKEY)
2021 MLK DAY	2,400.	0.	85,257.	INVOICE	HYGIENE KITS, COATS, SCHOOL SUPPLIES, FOOD ITEMS
GIFT CARD TO FAMILIES AFFECTED BY EMERGENCIES	1,885.	156,523.	0.		
HURRICANE IDA	9,000.	0.	11,141.	INVOICE	SUPPLIES AND EQUIPMENT
PRINCE GEORGE COUNTY RECOVERY	27.	0.	4,822.	INVOICE	SUPPLIES AND EQUIPMENT
TRAINING - CHAPLAINCY TRAINING	48.	0.	52,542.	INVOICE	TRAINING COURSE
2021 COVID-19	1,680.	0.	2,012.	INVOICE	SUPPLIES
FLOOD BUCKET PROJECT	2,600.	0.	44,653.	INVOICE	FLOOD BUCKET WITH CLEANNING SUPPLIES

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
2021 AFGHAN EMERGENCY RESPONSE	25,368.	0.	71,542.	INVOICE	SUPPLIES AND CLOTHES
2021 TEXAS WINTER EMERGENCY	5,900.	0.	461.	INVOICE	WATER BOTTLES
HURRICANE MARIA	2.	0.	37,158.	INVOICE	REBUILD HOMES IMPACTED BY HURRICANE MARIA
CAPACITY BUILDING	136.	0.	16,200.	INVOICE	RESEARCH BY INDIANA UNIVERSITY FOR BUILDING CAPACITY
RENTAL ASSISTANCE - PAYMENT OF RENT FOR REFUGEES FAMILIES	2.	2,360.	0.	INVOICE	

**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: WAFI HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF COMMUNITY DEVELOPMENT FOR MUSLIM AND IMMIGRANTS OUTREACH AND RECOVERY SERVICES PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: JLI 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

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

**2021**

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) 2021

**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 and/or 1099-NEC 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)	180,135.	22,708.	64.	11,584.	27,929.	242,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARIF ALY CHIEF EXECUTIVE OFFICER	(i)	162,421.	21,376.	64.	11,197.	47,330.	242,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHERIF AHMED CHIEF OPERATING OFFICER	(i)	149,078.	19,496.	64.	10,214.	48,197.	227,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AZHAR AZEEZ DIR. OF STRATEGIC PARTNERSHIPS	(i)	141,864.	18,990.	64.	9,955.	55,640.	226,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHAR AKHTAR GENERAL COUNSEL	(i)	123,637.	16,184.	64.	8,423.	43,169.	191,477.	0.
	(ii)	31,800.	0.	0.	0.	0.	31,800.	0.
(6) AHMED SHEHATA DIRECTOR OF FUND DEVELOPMENT	(i)	133,627.	17,559.	64.	9,200.	49,100.	209,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAREQ OSMAN CONTROLLER	(i)	148,198.	19,177.	64.	10,046.	28,757.	206,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID HAWA DIRECTOR OF COMMUNICATIONS	(i)	135,715.	17,559.	64.	9,200.	42,553.	205,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MOHAMMAD TAMMAM DANDASHI DIRECTOR OF BUSINESS SERVICES	(i)	126,221.	16,414.	64.	8,562.	44,254.	195,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

ORGANIZATIONAL PERFORMANCE EVALUATION SUBJECT TO BUDGET AVAILABILITY AND

BOARD APPROVAL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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	130	2,858,153.	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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MEDICAL EQUIP )	X	1	257,903.	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

- 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? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2021

**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 OVER THE VEHICLE.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ISLAMIC RELIEF USA

Employer identification number

95-4453134

FORM 990, ITEM C, DOING BUSINESS AS:

ISLAMIC RELIEF/IRUSA

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 2021.

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.

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

Schedule O (Form 990) 2021

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ORPHAN SUPPORT PROGRAMS.

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

AND SUPPORT THEIR FAMILIES.

IN AFGHANISTAN, IRUSA FUNDED PROJECTS TO PROVIDE FOOD ITEMS, NON-FOOD

ITEMS AND HYGIENE KITS TO INTERNALLY DISPLACED PERSONS, POOR FAMILIES

AND HOST COMMUNITIES.

IN INDIA, IRUSA PROVIDED FOOD SECURITY AND HYGIENE KITS TO 5,431

FAMILIES TO PROTECT THEM FROM COVID-19 AND POOR SANITARY CONDITIONS.

IN MALI, PROJECT ENSURE THAT FOOD SECURITY AND LIVELIHOODS ARE

SUPPORTED FOR VULNERABLE AND CRISIS AFFECTED HOUSEHOLDS THROUGH

INCREASED OWNERSHIP OF PRODUCTIVE ASSETS (INFRASTRUCTURE AND

LIVESTOCK), STRENGTHENED LOCAL COMMUNITY-BASED ORGANIZATIONS WITH

ENHANCED WOMEN'S LEADERSHIP TO ENGAGE EFFECTIVELY WITH LOCAL

AUTHORITIES AND ADVANCE SOLUTIONS THAT TRANSFORM INEQUALITIES, AN

INCREASED ACCESS TO VALUE CHAINS AND CREDIT SOURCES FOR SMALL

BUSINESSES.

IN KENYA, PROJECTS WORK TO ENHANCE THE RESILIENCE OF SMALLHOLDER

FARMERS, WOMEN AND YOUTH THROUGH ECONOMIC STRENGTHENING PROGRAMS THAT

WILL ENSURE LONG-LASTING ECONOMIC EMPOWERMENT, PROJECTS ALSO FOCUS ON

CREATING MARKET LINKAGES AND NETWORK COMMUNITIES WITH PRIVATE SECTOR

PLAYERS. FOR YOUTH AND WOMEN, PROJECTS OFFER A SPECIFIC SET OF BUSINESS

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

IN SOMALIA, PROJECTS ARE IMPLEMENTED WITH THE GOAL OF BUILDING RESILIENCE AND LAYING THE FOUNDATION FOR LONG TERM ECONOMIC AND FOOD SECURITY DEVELOPMENT FOR VULNERABLE HOUSEHOLDS. MAINLY TARGETING THE AGRICULTURAL AND FISHERIES SECTORS, PROJECTS STRENGTHEN COMMUNITY RESILIENCE AND EMPLOYMENT OPPORTUNITIES BY PROVIDING SKILLSET TRAINING, MARKET LINKAGES, FARMER COOPERATIVES AND INNOVATIVE FARMING TECHNIQUES TO INCREASE AGRICULTURAL PRODUCTIVITY.

BENEFICIARIES: 557,677

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

DEVELOP STRONGER SOCIAL NETWORKS  
COMMUNITY-BASED PRIMARY MEDICAL CARE FOR PEOPLE LIVING IN POVERTY  
LONG-TERM PROGRAMMING DESIGNED TO CREATE GREATER SELF-RELIANCE AND SUSTAINABLE LIVELIHOODS, INCLUDING SPECIALIZED EDUCATION PROGRAMS, PRISONER REINTEGRATION PROGRAMS, AND COMMUNITY DEVELOPMENT INITIATIVES WITH THE GOAL OF BRIDGING THE GAPS BETWEEN COMMUNITIES TO BUILD SOLIDARITY AND PROMOTE SOCIAL JUSTICE.

BENEFICIARIES: 130,049

SEASONAL PROGRAMS -

RAMADAN FOOD BOXES: IRUSA FACILITATED THE PROCUREMENT AND CREATION OF 557,351.65 POUNDS OF FOOD BOXES TO BE DISTRIBUTED TO 501(C)(3) ORGANIZATIONS ACROSS THE UNITED STATES. EACH FOOD BOX CONTAINS A SUFFICIENT AMOUNT OF FOOD FOR A FAMILY OF FIVE FOR TWO WEEKS AND

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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CONSISTS OF BASIC FOOD STAPLES. IRUSA HOSTED DISTRIBUTIONS AT 59 SITES

ACROSS 11 STATES AND SERVED 76,997 CLIENTS WITH 557,351.65 POUNDS OF

FOOD.

BENEFICIARIES: 76,997

QURBANI (MEAT DISTRIBUTION): IRUSA'S ANNUAL U.S. QURBANI PROGRAM

ADDRESSES FOOD INSECURITY AND PROVIDES FRESHLY SLAUGHTERED BEEF AND/OR

LAMB, DISTRIBUTED IN FROZEN OR REFRIGERATED PACKETS, TO VULNERABLE

COMMUNITIES (E.G. IMMIGRANTS, REFUGEES, MINORITIES, DISABLED, LOW

INCOME HOUSEHOLDS, AND THE ELDERLY) ACROSS THE UNITED STATES. THE

PROGRAM FOCUSES ON PROVIDING 501(C)(3) ORGANIZATIONS WITH AN EFFICIENT

PROCESS TO DISTRIBUTE HALAL MEAT TO FAMILIES IN NEED. THIS PROCESS WILL

BE IMPLEMENTED BY USING GRANTS AND DIRECT SERVICES VIA LOCAL VENDORS.

THIS PROGRAM ALLOWS IRUSA TO HELP THE COMMUNITY FULFILL THEIR RELIGIOUS

OBLIGATION TO FEED THE NEEDY. THE PROGRAM HAS BEEN IMPLEMENTED IN

APPROXIMATELY 40 CITIES ACROSS 20 STATES, WHICH SERVED AN ESTIMATED

90,000 CLIENTS THROUGH 45 PARTNERSHIPS WITH A TOTAL BUDGET OF

\$590,000.00 USD.

TOTAL AMOUNT OF MEAT FOR ALL APPROVED PARTNERS: 117,949 LBS.

BENEFICIARIES: 90,000

SUMMER FOOD SERVICE PROGRAM (SFSP): THE SFSP SUPPLEMENTS AND SUPPORTS

THE USDA IN THEIR EFFORT TO PROVIDE FOOD TO CHILDREN IN NEED DURING THE

SUMMER. IRUSA PROVIDES FINANCIAL SUPPORT IN THE FORM OF A GRANT TO

ORGANIZATIONS TO BE 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. THIS PROGRAM ALLOWED

IRUSA TO HELP RURAL AND URBAN COMMUNITIES COMBAT FOOD INSECURITY.

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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IRUSA SERVED AN ESTIMATED 76,787 CLIENTS THROUGH 12 PARTNERSHIPS AND AN

ESTIMATED 1,381,365 POUNDS OF FOOD HAD BEEN DISTRIBUTED.

THANKSGIVING TURKEY DISTRIBUTION: THE IRUSA U.S. TURKEY DISTRIBUTION

PROGRAM COMBINES PROVIDING FOOD SECURITY TO UNDERSERVED COMMUNITIES

WITH BRINGING THE JOY OF CELEBRATING AN AMERICAN TRADITION IN A

DIGNIFIED MANNER BY PROVIDING HALAL TURKEYS TO BENEFICIARIES THROUGH

OUR PARTNERS THIS PROGRAM ALLOWS IRUSA TO ASSIST PARTNER ORGANIZATIONS

IN PROVIDING SUPPORT FOR CLIENTS WHO FACE FOOD INSECURITY, AS PART OF

IRUSA'S FOOD SECURITY PROGRAM AND SEASONAL PROGRAMS.

IRUSA SERVED 82,400 CLIENTS THROUGH 40 PARTNERSHIPS WITH A TOTAL

BUDGET OF \$476,460.00 USD.

MARTIN LUTHER KING JR. (MLK) DAY OF SERVICE: IN CELEBRATION OF THE MLK

DAY OF SERVICE, IRUSA PROVIDED ASSISTANCE TO VULNERABLE PEOPLE AFFECTED

BY THE COVID-19 PANDEMIC AND THE ECONOMIC CRISIS IN MEETING THEIR BASIC

FOOD AND SAFETY NEEDS. IRUSA DISTRIBUTED PACKAGES CONSISTING OF HOT

MEALS, HYGIENE KITS - INCLUDING MASKS AND HAND SANITIZERS, AND COATS.

BENEFICIARIES: 2,400 IN 7 STATES

DAY OF DIGNITY (DOD) - THE DAY OF DIGNITY PROGRAM PROVIDES THE

PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES

FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING

COMMUNITIES). DAY OF DIGNITY IS IRUSA'S FLAGSHIP EFFORT TO REACH OUT TO

THE COMMUNITY ALONG WITH GRANTEES AND PARTNERS TO PROMOTE SERVICES FOR

THOSE MOST IN NEED. THE DAY IS MEANT TO BUILD RELATIONSHIPS WITH

INTERFAITH PARTNERS AND LOCAL GOVERNMENT. THE DOD BUILDS RELATIONSHIPS

AND ENCOURAGES LOCAL ORGANIZATIONS TO HAVE A TRANSFORMATIVE IMPACT IN

THEIR COMMUNITY. IT IS ALSO AN EFFORT TO PROVIDE BASIC LIVING



Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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ESSENTIALS AND MEDICAL SERVICES TO PEOPLE LACKING THESE ESSENTIALS.

IN KIND GIFTS INCLUDE:

CITYPAK BACKPACKS

COATS FOR MEN, WOMEN, AND CHILDREN

SHOES\* (PILOT PROGRAM AT 4 LOCATIONS)

HYGIENE KITS

SCHOOL KITS (PRIMARY, ELEMENTARY AND JR/HS CHILDREN)

FEMINEN HYGIENE KITS

PPE - SAFETY KITS

BENEFICIARIES: 31,448 IN 11 STATES

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

EMERGENCY RESPONSE & PREPAREDNESS:

THIS CATEGORY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING

NEEDS OF A POPULATION AT THE ONSET OF A DISASTER, SUCH AS PROVIDING

CLEAN WATER, SANITATION, FOOD, TEMPORARY SHELTER, HOUSEHOLD ITEMS AND

EMERGENCY MEDICAL ASSISTANCE.

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

IN KOSOVO, IRUSA SUPPORTED A PROJECT TO PROVIDE WARM CLOTHING TO AFGHAN

REFUGEES RESIDING IN A CAMP AFTER EVACUATION FROM AFGHANISTAN A FEW

MONTHS PRIOR. THE INTERVENTION ALSO PROVIDED VISION EXAMS AS WELL AS

CORRECTIVE LENSES FOR THOSE WHO NEEDED IT.

IN PAKISTAN, IRUSA PROVIDED LIFE SAVING SUPPORT BY PROVIDING IMMEDIATE

HUMANITARIAN NEEDS TO THE MOST VULNERABLE FAMILIES AFFECTED BY THE

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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EARTHQUAKE IN HARNAI DISTRICT BALOCHISTAN.

IN NEPAL, IRUSA PROVIDED LIFESAVING CARE SERVICES IN AREAS OF ACTIVE

COVID-19 CASES.

IN ETHIOPIA, EMERGENCY INTERVENTIONS HAVE BEEN SUPPORTING REFUGEES AND

INTERNALLY DISPLACED PERSONS THROUGH THE PROVISION OF TEMPORARY

SHELTER, NON-FOOD ITEMS, HYGIENE AND WATER SUPPLIES AS WELL AS FOOD

DISTRIBUTIONS TO THOSE AFFECTED BY WAR.

IN SUDAN, INTERVENTIONS INCLUDED THE PROVISION OF WATER, SANITATION AND

HYGIENE, AND NON-FOOD ITEMS LIKE BLANKETS, SLEEPING MATS, SOAP AND

JERRYCANS TO COMMUNITIES AFFECTED SEVERE FLOODING.

IN MOZAMBIQUE, CONFLICT-AFFECTED COMMUNITIES WERE SUPPORTED BY THE

PROVISION OF SAFE WATER, SANITATION AND HYGIENE INFRASTRUCTURE, SHELTER

ITEMS AND RATIONS OF FOOD SUPPORT.

BENEFICIARIES: 368,147

EXPENSES \$ 8,508,195. INCLUDING GRANTS OF \$ 7,179,503. REVENUE \$ 0.

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.

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

IN PALESTINE, IRUSA PROVIDED FUNDING TO SUPPORT THE MEDICAL SECTOR IN

JERUSALEM AND GAZA FOLLOWING THE ESCALATION OF VIOLENCE IN MAY 2021.

SUPPORT INCLUDED THE PROVISION OF MEDICINE AND MEDICAL SUPPLIES IN THE

WEEKS AND MONTHS FOLLOWING THE VIOLENCE, ALLOWING INSTITUTIONS SUCH AS

MAKASSED HOSPITAL TO UTILIZE SAVED ITEMS IMMEDIATELY KNOWING THAT ITEMS

WOULD BE BACKFILLED BY DONOR SUPPORT.

IN JORDAN, IRUSA IS SUPPORTING A PROJECT THAT PROVIDES SYRIAN REFUGEES

AND VULNERABLE JORDANIANS WITH FREE PRIMARY HEALTHCARE VIA ITS TWO

MOBILE CLINICS. THE PROJECT IS ALSO COVERING THE COST OF URGENTLY

NEEDED SURGERIES AS WELL AS DIALYSIS TREATMENT FOR 10 SYRIAN PATIENTS

WITH END STAGE RENAL DISEASE.

IN KOSOVO, IRUSA IS SUPPORTING A PROJECT THAT PROVIDES HOME HEALTH CARE

FOR VULNERABLE PEOPLE WHO CANNOT ACCESS MEDICAL FACILITIES. MEDICAL

TEAMS MAKE HOME VISITS TO IDENTIFIED PATIENTS TO PROVIDE PRIMARY

HEALTHCARE AND MAKE ADDITIONAL REFERRALS AS NEEDED. TARGET POPULATIONS

INCLUDE THE ELDERLY, PREGNANT WOMEN/NEW MOTHERS, AND PEOPLE WITH

DISABILITIES.

IN SOUTH SUDAN, PRIMARY HEALTH SERVICES WERE ENHANCED THROUGH THE

RECONSTRUCTION AND EQUIPPING OF FACILITIES. PROJECTS ALSO CONTRIBUTED

TO THE INCREASED CAPACITY OF HEALTH CARE PROVIDERS AND INCREASED ACCESS

TO IMMUNIZATION, REPRODUCTIVE AND MATERNAL, NEWBORN AND CHILD

HEALTHCARE SERVICES. PROGRAMMING HAS ALSO RESULTED IN EQUITABLE ACCESS

TO LIFE SAVING NUTRITION SENSITIVE AND PREVENTATIVE SERVICES TO

Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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CHILDREN, PREGNANT AND LACTATING WOMEN WITH ACUTE MALNUTRITION.

IN NIGER, PROJECTS HAVE CONTRIBUTED TOWARDS IMPROVING ACCESS OF

CHILDREN UNDER FIVE IN THE DISTRICT OF OUALLAM TO QUALITY AND TIMELY

NUTRITION HEALTH CARE SERVICES THROUGH EFFECTIVE COMMUNITY BASED

MALNUTRITION MANAGEMENT PRACTICE REINFORCEMENT, ENHANCING HUMAN

RESOURCES FOR EFFECTIVE MALNUTRITION MANAGEMENT AND NUTRITION SERVICES

IN HEALTH CENTERS, ENSURING WOMEN HAVE INCREASED CONTROL OVER

NUTRITION-RESPONSIVE FOOD PRODUCTION SYSTEMS (HOUSEHOLD CONSUMPTION OF

DIVERSIFIED AND NUTRITIOUS FOODS), AND THAT NUTRITION SENSITIVE AND

GENDER RESPONSIVE COMMUNITY DISASTER RISK REDUCTION PLANNING IS

UNDERTAKEN IN TARGETED COMMUNITIES AND AT AUTHORITY LEVELS.

BENEFICIARIES: 887,074

EXPENSES \$ 2,939,128. INCLUDING GRANTS OF \$ 2,393,725. REVENUE \$ 0.

WATER, SANITATION & HYGIENE:

INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION,

SANITATION, AND WATER SUPPLY.

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

IN YEMEN, IRUSA IS SUPPORTING THE REHABILITATION OF 12 MUNICIPAL LEVEL

WATER SOURCES IN FOUR GOVERNORATES. IMPLEMENTATION BEGAN IN LATE 2021

AND WILL END IN 2022. THE REHABILITATION PROCESS INCLUDES TESTING THE

WATER SOURCES' WATER QUALITY AND QUANTITY, REHABILITATION THE PUMPING,

INCLUDING INSTALLING SOLAR PANELS TO POWER THE PUMP, AND ADDING PIPING

TO BRING THE WATER INTO THE TARGETED COMMUNITIES. WATER MANAGEMENT

COMMITTEES ARE FORMED IN EACH COMMUNITY TO MAINTAIN THE WELL AND

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

HYGIENE INFORMATION AND KITS ARE DISTRIBUTED TO PARTICULARLY VULNERABLE

RESIDENTS.

IN PAKISTAN, IRUSA FUNDED A PROJECT TO IMPROVE EXISTING WATER,

SANITATION AND HYGIENE (WASH) AND LIVELIHOOD PRACTICES AT PESHAWAR AND

ORAKZAI DISTRICTS OF KHYBER PAKHTUNKHWA.

IN MALAWI, COMMUNITIES WERE SUPPORTED THROUGH THE PROVISION OF ACCESS

TO SAFE AND CLEAN WATER INFRASTRUCTURE.

IN SOUTH SUDAN, CONFLICT AFFECTED COMMUNITIES WERE ABLE TO HAVE ACCESS

TO IMPROVED SANITATION AND HYGIENE THROUGH THE REHABILITATION OF

BOREHOLES.

IN MALI AND NIGER, COMMUNITIES WERE ABLE TO BENEFIT FROM WATER

HARVESTING STRUCTURES SUCH AS MICRODAMS AND THE CONSTRUCTION AND

SOLARIZATION OF SUSTAINABLE WATER INFRASTRUCTURES IN VILLAGES.

BENEFICIARIES: 83,865

EXPENSES \$ 1,424,980. INCLUDING GRANTS OF \$ 1,197,619. 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 SYRIA, AN IRUSA PROJECT IS PROVIDING SCHOOLS IN IDLIB AND ALEPPO

GOVERNORATES WITH SCHOOL EQUIPMENT, FURNITURE, SPORTS EQUIPMENT, AND

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

SCHOOL SUPPLIES TO IMPROVE THE SCHOOL ENVIRONMENT AND ENCOURAGE

CHILDREN TO RETURN TO/STAY IN SCHOOL.

IN AFGHANISTAN, IRUSA FUNDED A PROJECT TO IMPROVE THE EDUCATIONAL

STATUS OF GIRLS AND BOYS IN TARGET DISTRICTS OF BALKH, KANDAHAR AND

NANGARHAR PROVINCES IN AFGHANISTAN.

IN KENYA, SCHOOLS BENEFITED FROM THE REHABILITATION OF CLASSROOMS,

TEACHER TRAINING FOR TEACHING PEDAGOGY WITH A FOCUS ON SPECIAL NEEDS

EDUCATION AND THE PROVISION OF ASSISTIVE LEARNING MATERIALS.

IN SUDAN, COMMUNITIES WERE SUPPORTED THROUGH THE REHABILITATION OF

PRIMARY AND SECONDARY SCHOOLS, THE CONNECTION OF WATER INFRASTRUCTURE

TO SCHOOLS AND THE DISTRIBUTION OF UNIFORMS, TEXTBOOKS AND SCHOOL

SUPPLIES FOR CHILDREN.

BENEFICIARIES: 59,259

EXPENSES \$ 684,913. INCLUDING GRANTS OF \$ 619,190. REVENUE \$ 0.

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

IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE

BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN

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

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

TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF

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

THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY.

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

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
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FORM 990, PART V, LINE 2A, EMPLOYEE'S W-2'S:

OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET HR CORPORATION,

FILED 156 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

AND/OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN

CONTEMPORANEOUS MINUTES. COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE



Name of the organization ISLAMIC RELIEF USA	Employer identification number 95-4453134
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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, CO, DC, ME, NV, ND, OH, WA

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	725,621.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
88 WHEELER FOUNDATION LLC - 27-1092788 PO BOX 23862 ALEXANDRIA, VA 22304	REAL ESTATE	VIRGINIA	0.	3,403,953.	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 TO BENEFIT IRUSA	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) 2021

**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	2,151,797.	CASH
(2) IRUSA WAQF	K	136,070.	INVOICE
(3) IRUSA WAQF	Q	5,566.	INVOICE
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**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**

TO BENEFIT IRUSA

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING & BUILDING IMPROVEMENTS	VARIOUS	SL	40.00		16	3,006,502.				3,006,502.	868,534.		79,161.	947,695.
	* 990 PAGE 10 TOTAL BUILDINGS						3,006,502.				3,006,502.	868,534.		79,161.	947,695.
	FURNITURE & FIXTURES														
2	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	784,487.				784,487.	422,450.		140,737.	563,187.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						784,487.				784,487.	422,450.		140,737.	563,187.
	TRANSPORTATION EQUIPMENT														
5	VEHICLES	VARIOUS	SL	5.00		16	35,000.				35,000.	21,000.		7,000.	28,000.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						35,000.				35,000.	21,000.		7,000.	28,000.
	LAND														
3	LAND	VARIOUS	L				1,303,279.				1,303,279.			0.	
	* 990 PAGE 10 TOTAL LAND						1,303,279.				1,303,279.	0.		0.	0.
	MANAGEMENT AND GENERAL														
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	40.00		16	36,725.				36,725.	20,362.		918.	21,280.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						36,725.				36,725.	20,362.		918.	21,280.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,165,993.				5,165,993.	1,332,346.		227,816.	1,560,162.