

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: ISLAMIC RELIEF USA
 Doing business as: ISLAMIC RELIEFIRUSA
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 3655 WHEELER AVE
 City or town, state or province, country, and ZIP or foreign postal code: ALEXANDRIA, VA 22304

D Employer identification number: 95-4453134
E Telephone number: (703) 370-7202
G Gross receipts \$ 90,623,007

F Name and address of principal officer:
 SHARIF ALY
 3655 WHEELER AVE
 ALEXANDRIA, VA 22304

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.IRUSA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1993 **M** State of legal domicile: CA

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	157
6 Total number of volunteers (estimate if necessary)	6	4,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	107,749,052	90,129,250
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,908	8,039
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,326,743	-1,433,852
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,642,217	88,703,437
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,839,997	41,456,970
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,902,035	12,923,162
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,179,897		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,531,728	15,606,432
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,273,760	69,986,564
19 Revenue less expenses. Subtract line 18 from line 12	22,368,457	18,716,873

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	74,987,401	81,701,254
21 Total liabilities (Part X, line 26)	29,119,793	13,099,132
22 Net assets or fund balances. Subtract line 21 from line 20	45,867,608	68,602,122

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2020-10-22

SHARIF ALY CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-10-22
 Check if self-employed PTIN: P00369217

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500
 GAITHERSBURG, MD 20878 Phone no. (301) 296-3600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 24,513,235 including grants of \$ 18,751,321) (Revenue \$)
See Additional Data

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

4c (Code:) (Expenses \$ 8,225,648 including grants of \$ 6,772,151) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,410,617 including grants of \$ 5,373,173) (Revenue \$)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 [checked]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 157			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 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 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TAREQ OSMAN CPA CONTROLLER 3655 WHEELER AVE ALEXANDRIA, VA 22304 (703) 370-7202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total		
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	1,239,439	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

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

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 940431351	SOFTWARE/ONLINE STORAGE/ADVERTISING	1,020,927
MORE VANG, PO BOX 16240 ALEXANDRIA, VA 22302	PRINT MATERIALS	391,350
MUZIK WAVES LLC 10 STAGHORN DRIVE BRUNSWICK, NJ 08902	ARTIST PERFORMANCE	300,200
REACH MEDIA INC 1110 SOUTH AVENUE SUITE 403 STATEN ISLAND, NY 10314	ADVERTISING	286,527
JACKSON RIVER LLC PO BOX 931604 ATLANTA, GA 31193	ONLINE SOFTWARE PLATFORM	221,405

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 13

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	3,110,805		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	87,018,445		
	g Noncash contributions included in lines 1a - 1f:\$	1g	10,984,372		
	h Total. Add lines 1a-1f		90,129,250		

Program Service Revenue			Business Code			
	2a					
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a		8,039	
	b Less: cost or other basis and sales expenses	7b		0	
	c Gain or (loss)	7c		8,039	
	d Net gain or (loss)			8,039	8,039
	8a Gross income from fundraising events (not including \$ 3,110,805 of contributions reported on line 1c). See Part IV, line 18	8a		453,308	
	b Less: direct expenses	8b		1,919,570	
	c Net income or (loss) from fundraising events			-1,466,262	-1,466,262
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	32,410		32,410	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		32,410			
12 Total revenue. See instructions		88,703,437	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,212,719	1,212,719		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,467,480	1,467,480		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	38,776,771	38,776,771		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	588,122	155,342	75,117	357,663
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,260,293	2,445,936	1,182,771	5,631,586
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	335,431	88,598	42,843	203,990
9 Other employee benefits	1,980,755	523,180	252,992	1,204,583
10 Payroll taxes	758,561	200,360	96,887	461,314
11 Fees for services (non-employees):				
a Management				
b Legal	281,040	61,829	74,252	144,959
c Accounting	81,363	17,900	21,497	41,966
d Lobbying	20,000	20,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	586,571	264,364	30,269	291,938
12 Advertising and promotion	1,963,217	48,935	26,226	1,888,056
13 Office expenses	2,372,342	192,026	1,322,267	858,049
14 Information technology	451,247	102,060	117,476	231,711
15 Royalties				
16 Occupancy	401,775	80,731	93,300	227,744
17 Travel	1,262,411	478,975	153,920	629,516
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	496,982	79,654	10,401	406,927
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	398,401	70,531	154,745	173,125
23 Insurance	131,592	28,950	29,135	73,507
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHIPPING AND HANDLING	5,594,172	5,594,172		
b COMMUNITY EVENT SPONSOR	1,173,952	155,945	7,448	1,010,559
c HONORARIUM	242,343	6,613	3,143	232,587
d PROF EDUC & TRAINING	149,024	17,786	21,121	110,117
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	69,986,564	52,090,857	3,715,810	14,179,897
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	46,969,398	1	46,716,356
	2 Savings and temporary cash investments	159,871	2	51,498
	3 Pledges and grants receivable, net		3	10,368,463
	4 Accounts receivable, net	218,310	4	395,406
	5 Loans and other 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,751,322	8	9,655,731
	9 Prepaid expenses and deferred charges	734,411	9	3,443,059
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,520,235		
	b Less: accumulated depreciation	1,670,551		
	11 Investments—publicly traded securities	3,959,090	11	7,175,971
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	31,248	15	45,086
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,987,401	16	81,701,254	
Liabilities	17 Accounts payable and accrued expenses	1,836,524	17	3,909,854
	18 Grants payable	27,283,269	18	9,189,278
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	29,119,793	26	13,099,132
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,863,525	27	28,116,571
	28 Net assets with donor restrictions	22,004,083	28	40,485,551
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	45,867,608	32	68,602,122	
33 Total liabilities and net assets/fund balances	74,987,401	33	81,701,254	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,703,437
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,986,564
3	Revenue less expenses. Subtract line 2 from line 1	3	18,716,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,867,608
5	Net unrealized gains (losses) on investments	5	1,779,867
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,237,774
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,602,122

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 95-4453134

Name: ISLAMIC RELIEF USA

Form 990 (2019)

Form 990, Part III, Line 4a:

HEALTH AND NUTRITION:INCLUDES ACTIVITIES RELATED TO COMMUNICABLE DISEASES, HEALTH EDUCATION/BEHAVIOR CHANGE, HEALTH SYSTEMS AND GENERAL HEALTH, MEDICAL COMMODITIES AND PHARMACEUTICALS, NON-COMMUNICABLE DISEASES, REPRODUCTIVE HEALTH, INFANT AND YOUNG CHILD FEEDING, MANAGEMENT OF MODERATE ACUTE MALNUTRITION, MANAGEMENT OF SEVERE ACUTE MALNUTRITION, NUTRITION EDUCATION AND BEHAVIOR CHANGE, AND NUTRITION SYSTEMS. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:-ISLAMIC RELIEF IS WORKING TO IMPROVE ACCESS TO HEALTHCARE AND PHARMACEUTICALS BY CONSTRUCTING THREE HEALTHCARE CENTERS IN REMOTE VILLAGES OF ZAGOR, DOBER, AND BOGIQ OF ALBANIA. THE CENTERS WILL FEATURE A ROOM DEDICATED TO MOTHERS AND CHILDREN, A PRIVATE ROOM FOR GENERAL PATIENT CARE, AND A RESTROOM. HEALTH AND HYGIENE TRAINING AND AWARENESS ACTIVITIES WILL BE CONDUCTED. EACH HEALTH CARE WILL BE EQUIPPED WITH HIGH QUALITY MEDICAL SUPPLIES AND EQUIPMENT. ISLAMIC RELIEF HAS COLLABORATED WITH THE MINISTRY OF HEALTH TO ENSURE THAT ONE DOCTOR AND ONE NURSE WILL BE EMPLOYED AT EACH CENTER. THESE CENTERS WILL PROVIDE ACCESS TO TREATMENT FOR COMMON DISEASES, PREVENTIVE CHILD HEALTH SERVICES, REPRODUCTIVE HEALTH, TREATMENT OF INJURIES, AND HEALTH EDUCATION.-ISLAMIC RELIEF IS IMPROVING ACCESS TO QUALITY MEDICINE FOR PATIENTS IN AFGHANISTAN BY PROVIDING ESSENTIAL MEDICINES TO THE GOVERNMENT HEALTHCARE SYSTEM AND SPECIALIZED HEALTH FACILITIES FOR WOMEN AND CHILDREN IN KABUL.-TWO MOBILE CLINICS IN JORDAN ARE PROVIDING FREE PRIMARY CARE AND MEDICINES TO SYRIANS AND VULNERABLE JORDANIANS. IN ADDITION TO THE MOBILE CLINICS, THE PROJECT IS COVERING THE COST OF NEEDED SECONDARY AND TERTIARY CARE, INCLUDING SURGERIES, AND PAYING FOR 10 SYRIANS TO RECEIVE MUCH-NEEDED DIALYSIS AND RELATED MEDICATIONS. FINALLY, IR IS WORKING WITH COMMUNITY-BASED ORGANIZATIONS TO DELIVER HEALTH AWARENESS SESSIONS TO THE SYRIAN REFUGEE AND VULNERABLE JORDANIAN COMMUNITIES, INCLUDING THE PROVISION OF KITS RELATED TO THE SPECIFIC TOPIC OF DISCUSSION.-FOLLOWING THE DEVASTATING EFFECTS OF CYCLONE IDAI IN MALAWI, ISLAMIC RELIEF PROVIDED A RETURN PACKAGE THAT INCLUDED FOOD, PLASTIC SHEETING FOR RECONSTRUCTION, AND SEEDS FOR 2,000 AFFECTED FAMILIES IN THE TWO TRADITIONAL AUTHORITIES REACHING 45% OF THE AFFECTED FAMILIES. THE FOOD PACK CONTAINED BASIC FOOD ITEMS REQUIRED FOR A FAMILY OF FIVE FOR ONE MONTH; MAIZE, FLOUR, COOKING OIL, SOYA, AND SALT. THE SEEDS INCLUDE POTATO VINES AND MAIZE SEED AS PER THE DEPARTMENT OF AGRICULTURE'S RECOMMENDATION.IN 2019, IRUSA ALSO CONTRIBUTED OR DELIVERED:-RAMADAN FOOD BOXES (WHEAT, FLOUR, RICE, COOKING OIL, SALT, RED BEANS, AND OTHER CONTENTS WHICH DIFFERED PER COUNTRY)-QURBANI MEAT PACKETS (COW, SHEEP, GOAT, CAMEL, BULL)-WINTERIZATION ITEMS (FIREWOOD, BLANKETS, WARM CLOTHING, AND OTHER CONTENTS WHICH DIFFERED PER COUNTRY)IN 2019 IRUSA DISTRIBUTED OVER EIGHTEEN MILLION DOLLARS IN IN-KIND DONATIONS. IRUSA CONTRIBUTED OR DELIVERED DONATED PHARMACEUTICALS, DISPOSABLES, AND MEDICAL SUPPLIES TO FOUR COUNTRIES - TURKEY, CHAD, SUDAN, AND MACEDONIA. -IRUSA DISTRIBUTED THREE CONTAINERS OF PHARMACEUTICALS TO FOUR PUBLIC HOSPITALS IN CHAD, AND TWO HOSPITALS AND 33 PRIMARY HEALTH CENTERS IN SUDAN, SERVING A TOTAL OF 316,966 BENEFICIARIES WITH PRIMARY, SECONDARY AND TERTIARY HEALTHCARE. -IRUSA DISTRIBUTED 19 CONTAINERS OF MEDICAL SUPPLIES TO FIVE PUBLIC HOSPITALS AND UNIVERSITY CLINICS IN NORTH MACEDONIA AND TURKEY SERVING OVER 95,200 BENEFICIARIES WITH PRIMARY, SECONDARY AND TERTIARY HEALTHCAREESTIMATED BENEFICIARIES: 1,062,277

Form 990, Part III, Line 4b:

ORPHAN SUPPORT: IRUSA'S WORK IN THIS SECTOR FOCUSES PRIMARILY ON MONTHLY SUPPORT TO ORPHANS TO SUPPLEMENT THEIR BASIC NEEDS, SUCH AS FOOD, EDUCATION, HEALTH CARE, AND CLOTHING. IRUSA SUPPORTED 21,725 ORPHANS IN THE FOLLOWING 25 LOCATIONS THROUGH THE ORPHANS 1-2-1 SPONSORSHIP PROGRAM: AFGHANISTAN, ALBANIA, BANGLADESH, BOSNIA, CHAD, CHECHNYA, ETHIOPIA, INDIA, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, LEBANON, MALAWI, MALI, NIGER, PAKISTAN, SOMALIA, SOUTH AFRICA, SRI LANKA, SYRIA, TUNISIA, TURKEY, AND YEMEN. IN ADDITION TO THE 1-2-1 PROGRAM, IRUSA ALSO IMPLEMENTS ADDITIONAL ORPHAN SUPPORT PROGRAMS. ESTIMATED BENEFICIARIES: 24,085

Form 990, Part III, Line 4c:

FOOD SECURITY AND LIVELIHOOD:INCLUDES ACTIVITIES RELATED TO FISHERIES, LIVESTOCK, PESTS AND PESTICIDES, SEED SYSTEMS AND AGRICULTURAL INPUTS, VETERINARY MEDICINES AND VACCINES. ALSO INCLUDES ACTIVITIES RELATED TO LONG-TERM AND SHORT-TERM ECONOMIC ASSET DEVELOPMENT, ASSET RESTORATION, MARKET INFRASTRUCTURE REHABILITATION, MICRO-CREDIT, MICROFINANCE, AND TEMPORARY EMPLOYMENT SUCH AS CASH FOR WORK.EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:-IN NIGER, BUILDING COMMUNITY RESILIENCE AGAINST THE EFFECTS OF CLIMATE CHANGE IS NOW THE PRIORITY OF OUALLAM COMMUNE POLICY MAKERS AND DEVELOPMENT AGENCIES. AN IRUSA FUNDED INTERVENTION IS AIMING TO HARNESS THE OPPORTUNITIES FOR IRRIGATION AND FISH FARMING AND THE SCALING UP OF THESE ACTIVITIES BY BUILDING THE RESILIENCE OF ULTRA-POOR SMALLHOLDER FARMERS TO THE EFFECTS OF CLIMATE CHANGE BY DEVELOPING PHYSICAL ASSETS, SKILLS AND ABILITIES. THIS INTERVENTION IS COMPREHENSIVE IN NOT ONLY ADDRESSING THE ASSETS OF FARMERS, BUT ALSO ADDRESSING THE STRUCTURAL FACTORS SUCH AS MARKET PARTICIPATION AND ACCESS, AND SOCIAL INCLUSION. THIS PROJECT IS SEEKING TO CREATE VIABLE CONDITIONS FOR PRODUCTIVE ECONOMIC ACTIVITIES BUILT ON LOCAL INITIATIVES CONSISTING OF CREATING LIVELIHOOD OPPORTUNITIES, EMPLOYMENT AND REVIVING THE LOCAL ECONOMY.-IN MYANMAR, IRUSA FUNDED PROJECTS ARE WORKING TOWARDS IMPROVING SOCIO-ECONOMIC CONDITIONS AND INCREASING ACCESS TO FOOD SECURITY AND LIVELIHOOD MEANS, WASH FACILITIES AND ABILITY TO COPE WITH FUTURE SHOCKS AND DISASTERS. THE PROPOSED ACTIONS INCREASE INCOME AND PRODUCTIVE ASSETS OF THE TARGETED VULNERABLE EXTREME POOR HOUSEHOLDS. PROJECTS FOCUS ON SELECTING POOR HOUSEHOLDS FOR BUSINESS DEVELOPMENT TRAINING AND SUPPORT, WITH PRIORITY GIVEN TO FEMALE-HEADED HOUSEHOLDS AND ARE FORMING SAVINGS GROUPS FOR COMMUNITY CAPACITY BUILDING ON FINANCIAL MANAGEMENT, LEADERSHIP, AND GROUP DEVELOPMENT.-IN BOSNIA-HERZEGOVINA, WHERE THE COUNTRY'S ECONOMY IS STILL RECOVERING FROM THE WAR, POVERTY IS MORE PREVALENT IN RURAL AREAS. AGRICULTURE HAS PROVEN TO BE A PROMISING FIELD AS IT DOUBLES AS FOOD SECURITY FOR THE FAMILY AND AN OPPORTUNITY OF INCOME SUPPORT TO UPLIFT COMMUNITIES INTO SUSTAINABLE BUSINESSES. ONE OF OUR FUNDED PROJECTS WORKS TO PROVIDE LIVELIHOOD ENHANCEMENT TO 58 FAMILIES THROUGH TRAINING RELATED TO CULTIVATING ORGANIC VEGETABLES, COMMERCE DISTRIBUTION AND LINKING FARMERS TO THE LOCAL MARKET THROUGH AGRICULTURAL COMPANIES. -IN PALESTINE, FUNDING FROM IRUSA WILL WORK TO ADDRESS THE CONSTRAINTS OF MARKET LIMITATIONS, LIMITED EMPLOYMENT OPPORTUNITIES AND A LACK OF WORKPLACE SKILLS THROUGH A PROGRAM THAT IS INCREASING EMPLOYMENT AND SELF-EMPLOYMENT OPPORTUNITIES FOR YOUTH IN GAZA BY PROVIDING THEM WITH CUSTOMIZED TRAINING PROGRAMS. THE PROJECT IS PROVIDING UNEMPLOYED YOUTH IN GAZA WITH DEMAND-DRIVEN TRAINING AND CONTRACT JOB/INTERNSHIP PLACEMENTS IN GROWING SECTORS, ENTREPRENEURSHIP TRAINING AND RESOURCE CONNECTIONS TO ASPIRING YOUNG ENTREPRENEURS, WORK READINESS AND CAREER GUIDANCE TRAINING TO ENROLLED STUDENTS IN UNIVERSITIES AND COLLEGES. THROUGH THESE TRAINING PROGRAMS, YOUTH IN GAZA WILL BE BETTER EQUIPPED TO PARTICIPATE IN THE LABOR FORCE AS EMPLOYEES AND ENTREPRENEURS.ESTIMATED BENEFICIARIES: 1,371,117

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 3,175,851 including grants of \$ 2,680,199) (Revenue \$)

U.S. PROGRAMS:IRUSA U.S. PROGRAMS' MAIN INTERVENTIONS CONSIST OF:GRANTS - IRUSA OFFERS 501(C)(3) ORGANIZATIONS OPPORTUNITIES TO APPLY FOR GRANT FUNDS. THIS FUNDING HELPS FACILITATE PROJECTS SUCH AS FOOD PROGRAMS, HEALTH, AND WELLNESS INITIATIVES, AND LIVELIHOOD ASSISTANCE IN ADDITION TO OTHER DOMESTIC INITIATIVES. SEASONAL PROGRAMS --RAMADAN FOOD BOXES-QURBANI (MEAT DISTRIBUTION)-SUMMER FOOD SERVICE PROGRAM -THANKSGIVING TURKEY DISTRIBUTION-MARTIN LUTHER KING JR. (MLK) DAY OF SERVICE DAY OF DIGNITY (TM) - PROVISION OF FOOD, CLOTHES, MEDICAL SCREENINGS, AND REFERRAL SERVICES FOR UNDERPRIVILEGED POPULATIONS (HOMELESS, REFUGEE, POOR WORKING COMMUNITIES). DISASTER RESPONSE TEAM (DRT) - DEPLOYS VOLUNTEERS AROUND THE COUNTRY TO RESPOND TO DOMESTIC DISASTERS IN THE UNITED STATES. DURING THE RESPONSE PHASE OF THE DISASTER CYCLE, OUR TEAM PROVIDES ASSISTANCE TO THE AMERICAN RED CROSS WITH STAFFING SHELTERS AND CONDUCTING DETAIL DAMAGE ASSESSMENTS. DRT ALSO PROVIDES FINANCIAL ASSISTANCE TO DISASTER SURVIVORS AND DEPLOY VOLUNTEER TEAMS TO ASSIST WITH DISASTER RECOVERY BY ASSISTING WITH HOME REBUILDING. BENEFICIARIES: 132,367

(Code:) (Expenses \$ 3,159,669 including grants of \$ 2,632,315) (Revenue \$)

EMERGENCY RESPONSE & PREPAREDNESS:THIS CATEGORY INCLUDES ACTIVITIES FOCUSED ON THE IMMEDIATE LIFESAVING NEEDS OF A POPULATION AT THE ONSET OF A DISASTER, SUCH AS PROVIDING CLEAN WATER, SANITATION, FOOD, TEMPORARY SHELTER, HOUSEHOLD ITEMS, AND EMERGENCY MEDICAL ASSISTANCE. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:-IN BANGLADESH, IR IS REDUCING EXTREME POVERTY AND VULNERABILITY IN URBAN AREAS IN DHAKA AND BUILDING COMMUNITY RESILIENCE AGAINST DISASTERS AND EMERGENCIES. THE PROJECT IS PROVIDING HOUSEHOLD LIVELIHOOD SUPPORT FOR 600 EXTREMELY POOR HOUSEHOLDS AND FORMING GREEN SOCIAL ENTERPRISES - BUSINESSES THAT CONTRIBUTE TO IMPROVEMENTS IN AREAS LIKE DISASTER PREPAREDNESS, ENVIRONMENT, SANITATION, HEALTH, HYGIENE, SOCIAL & GENDER RIGHTS. URBAN YOUTHS WILL ALSO BE GIVEN OPPORTUNITIES TO START GREEN BUSINESSES LIKE ROOFTOP GARDENING, SOLID WASTE MANAGEMENT, WATER MANAGEMENT, TREE PLANTING, FOOD CARTS, CATERING, ETC. IR BANGLADESH IS COLLABORATING WITH PUBLIC POLICY AND RESEARCH CENTERS TO REVIEW URBAN POLICIES AND DO ADVOCACY AROUND ISSUES OF ENVIRONMENTAL SUSTAINABILITY, DISASTER RISK REDUCTION, CLIMATE CHANGE ADAPTATION, AND PROTECTION & INCLUSION FOR THE SOCIALLY EXCLUDED LIKE THE DISABLED, WOMEN, AND ELDERLY.- IN ECUADOR, IRUSA PARTNERED WITH HIAS TO PROVIDE CASH ASSISTANCE, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, INTENSIVE CASE MANAGEMENT, ENTREPRENEURSHIP SUPPORT, AND SKILLS-BASED TRAINING TO DISPLACED VENEZUELAN WOMEN IN ECUADOR.-IN LEBANON, IRUSA PROVIDED FUNDING TO IMPROVE THE INFRASTRUCTURE OF INFORMAL SYRIAN REFUGEE CAMPS IN THE BEKAA VALLEY AFTER NORMA STORM CAUSED EXTENSIVE FLOODING AND DAMAGE IN EARLY 2019. THE PROJECT CREATED HIGHER EMBANKMENTS AROUND THE RIVER, SET TENTS ON CONCRETE SLABS, AND IMPROVED DRAINAGE ALONG PATHWAYS IN CAMPS AS WELL AS IMPROVING A ROAD TO SEVERAL CAMPS DAMAGED BY THE STORM.- MOZAMBIQUE WAS HIT BY TWO TROPICAL CYCLONES IN THE SAME SEASON FOR THE FIRST TIME IN RECORDED HISTORY IN 2019, AFFECTING OVER 2 MILLION PEOPLE OVERALL AND BRINGING WIDESPREAD DESTRUCTION. ALL ASPECTS OF LIFE HAD BEEN DISRUPTED. INFRASTRUCTURE WAS DESTROYED, LEAVING PEOPLE TO TAKE REFUGE IN PLACES OF WORSHIP AND SCHOOLS WHICH LED TO A CLOSURE OF SCHOOLS. WATER WELLS WERE CONTAMINATED MAKING IT UNSAFE TO DRINK DISEASE-INFESTED WATER, AND FARMLANDS WERE SUBMERGED, DESTROYING LIVELIHOODS AND FOOD SECURITY. IN COLLABORATION WITH THE CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT AND AVSI, THIS PROJECT HAS FOCUSED ON STRENGTHENING THE SCHOOL SYSTEM BY IMPLEMENTING CLASSROOM REHABILITATION AND DISASTER RISK REDUCTION ACTIVITIES. - IN PALESTINE, IRUSA PROVIDED FUNDING TO ANERA TO PROCURE AND IMPORT HIGH-NEED MEDICINE AND MEDICAL SUPPLIES IN GAZA AND THE WEST BANK. AFTER AN INCREASE IN HOSTILITIES IN GAZA IN LATE 2019, IRUSA ADDED AN ADDITIONAL \$50,000 TO THE GRANT TO PROVIDE MORE LOCALLY PROCURED MEDICINE AND MEDICAL SUPPLIES.ESTIMATED BENEFICIARIES: 353,511

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 54,949 including grants of \$ 44,385) (Revenue \$)

WATER, SANITATION & HYGIENE:INCLUDES ACTIVITIES RELATED TO ENVIRONMENTAL HEALTH, HYGIENE PROMOTION, SANITATION, AND WATER SUPPLY.EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: - IRUSA FUNDED PROJECTS INCREASED ACCESS TO CLEAN WATER, USING GREEN ENERGY, BY INSTALLING HYBRID WATER PUMPING SYSTEMS, REHABILITATING WATER SUPPLY LINES, DRILLING REPLACEMENT BOREHOLES, EQUIPPING OF SHALLOW WELLS WITH SOLAR-POWERED SUBMERSIBLE WATER PUMPS, INSTALLING WATER STORAGE TANKS, AND SUPPORTING CAPACITY BUILDING FOR WATER USER'S ASSOCIATION AND ENVIRONMENTAL CAMPAIGNS- IRUSA FUNDED PROJECTS WILL SUPPORT INSTALLING MODERN WATER SOURCES WHILE MULTIPLYING THE WATER COLLECTION POINTS THUS REDUCING COLLECTION TIME AND DISPUTES. WITH THE PROJECT, THE COVERAGE OF DRINKING WATER NEEDS WILL BE 100% MET IN THE VILLAGES OF INTERVENTION, UP FROM PREVIOUS COVERAGE OF 23%. PROJECT STAFF WILL ALSO SENSITIZE COMMUNITIES FOR THE EXCLUSIVE USE OF CLEAN DRINKING WATER SOURCES. THESE COMBINED ACTIONS WILL CONTRIBUTE TO THE GRADUAL ABANDONMENT OF THE USE OF UNSAFE WATER SOURCES.- IRUSA FUNDS ARE UTILIZED TO IMPROVE PROTECTION, PRIVACY, AND LIVING CONDITION OF THE TARGETED VULNERABLE IDPS AND EXTREMELY POOR AND MARGINALIZED HOST COMMUNITIES THROUGH EXPANDING WOMEN, GIRLS AND ELDERLIES' ACCESS TO WATER, SANITATION, AND HYGIENE FACILITIES AND IMPROVED LIVING CONDITIONS. CONSTRUCTION OF FEMALE-SPECIFIC LATRINES AND SHOWER POINTS, ALONG WITH THE CONSTRUCTION OF PRIVACY FENCES ARE ALL COMPONENTS OF THIS PROJECT.-IRUSA FUNDS ARE ADDRESSING POOR ACCESS TO POTABLE WATER IN SECONDARY SCHOOL, WHERE CHILDREN RELY ON ONE OPEN WELL DUG. THE WELL IS SUBJECT TO POLLUTION, HEIGHTENING RISKS OF WATERBORNE DISEASE PREVALENCE, AND IS THUS UNSAFE FOR DRINKING. ADDITIONALLY, COLLECTING WATER FROM OPEN WELLS IS HARD AND RISKY FOR CHILDREN. THIS PROJECT COMES TO FILL THE GAP THAT WILL ENABLE BETTER ACCESS TO SAFE WATER FOR STUDENTS AS WELL AS HYGIENE CONDITIONS.-IRUSA FUNDS CONSTRUCTED SAND DAMS WHICH REDUCED VULNERABILITY TO THE ADVERSE IMPACT OF CLIMATE CHANGE INCLUDING DROUGHT THROUGH IMPROVED ACCESS TO ALTERNATIVE WATER SOURCES. ESTIMATED BENEFICIARIES: 159,363

(Code:) (Expenses \$ 20,148 including grants of \$ 16,274) (Revenue \$)

EDUCATION:INCLUDES ACTIVITIES RELATED TO FACILITATING ACCESS TO QUALITY EDUCATION, WHETHER FORMAL EDUCATION OR INFORMAL EDUCATION. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:- IRUSA IS INCREASING ACCESS TO EDUCATION FOR OUT OF SCHOOL GIRLS, INCLUDING ORPHANS, IDP, AND VULNERABLE CHILDREN TO PRIMARY EDUCATION BY PROVIDING GOVERNMENT SCHOOLS WITH 190 QUALIFIED FEMALE TEACHERS, PROVIDING STATIONERY AND TEACHING MATERIALS, AND RAISING AWARENESS ON CHILD RIGHTS. THE PROJECT IS ALSO IDENTIFYING AND REGISTERING 6,000 GIRLS THAT ARE OUT OF SCHOOL AND PROVIDING THEM WITH ACCESS TO QUALITY EDUCATION.- IRUSA FUNDED PROJECTS PROMOTE BASIC EDUCATION OPPORTUNITIES, THE PROJECT IS DEVELOPED TO IMPROVE THE BASIC SCHOOL LEARNING, RECREATIONAL, AND HEALTHY ENVIRONMENT AND RAISE COMMUNITIES' AWARENESS ON CHILD EDUCATION TO HELP ADDRESS CRITICAL PARAMETERS LINKED TO SCHOOL-AGE CHILDREN'S ENROLMENT AND DROP-OUT. ESTIMATED BENEFICIARIES: 51,767

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	109,204,699	104,682,885	145,421,015	117,860,557	90,129,250	567,298,406
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	109,204,699	104,682,885	145,421,015	117,860,557	90,129,250	567,298,406
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						567,298,406

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	109,204,699	104,682,885	145,421,015	117,860,557	90,129,250	567,298,406
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .		602	23,890	23,815	32,410	80,717
11 Total support. Add lines 7 through 10						567,379,123
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.990 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.990 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2016 AMOUNT: \$ 602. 2017 AMOUNT: \$ 23,890. 2018 AMOUNT: \$ 23,815. 2019 AMOUNT: \$ 32,410.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	11,281	
c Total lobbying expenditures (add lines 1a and 1b)	11,281	
d Other exempt purpose expenditures	69,975,283	
e Total exempt purpose expenditures (add lines 1c and 1d)	69,986,564	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

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.

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	2,435	12,434	100,352	11,281	126,502
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	90,589,805
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,247	
e	Add lines 2a through 2d		2e	7,247
3	Subtract line 2e from line 1		3	90,582,558
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,879,121	
c	Add lines 4a and 4b		4c	-1,879,121
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	88,703,437

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

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

1	Total expenses and losses per audited financial statements		1	69,988,296
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,732	
e	Add lines 2a through 2d		2e	1,732
3	Subtract line 2e from line 1		3	69,986,564
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	69,986,564

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-4453134

Name: ISLAMIC RELIEF USA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	IRUSA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. IN ADDITION, IRUSA QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THERE WAS NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME TAX AT DECEMBER 31, 2019. MANAGEMENT HAS EVALUATED IRUSAS TAX POSITIONS AND HAS CONCLUDED THAT IRUSA HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. IRUSA FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IRUSA IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RELATED ENTITY REVENUE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 7,247.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B -1,919,570. OTHER INCOME REPORTED ON PART VII, LINE 11A 32,410. REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 8,039.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RELATED ENTITY EXPENSE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 319,936. SPECIAL EVENT EXPENSE REPORTED ON PART VIII, LINE 8B 1,919,570. GRANT REFUNDS -2,237,774.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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
See Add'l Data					
3a Sub-total	0	0			38,776,771
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			38,776,771

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)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ 11

3 Enter total number of other organizations or entities ▶ _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	<p>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 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.</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 6	THE ORGANIZATION HAS SOME ACTIVITY OVERSEAS WHICH REQUIRES IT TO CHECK BOX 6, OF PART IV OF SCHEDULE F AS YES FOR FORM 5713; HOWEVER, THE ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS INCOME RELATED TO OVERSEAS ACTIVITY. IN ADDITION, THE ORGANIZATION HAS NOT ENTERED INTO AGREEMENTS RELATED TO THE ISSUES AS PRESENTED IN FORM 5713.

Additional Data

Software ID:

Software Version:

EIN: 95-4453134

Name: ISLAMIC RELIEF USA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		1,306,162
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		11,925,605

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		6,238,357
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS		417,555

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		5,480,082
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		13,409,010

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AFGHANISTAN RAMADAN FOOD PACKAGES - 2019	32,724	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA RAMADAN FOOD PACKAGE - 2019	10,541	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	BANGLADESH RAMADAN FOOD PACKAGES - 2019	13,204	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA RAMADAN FOOD PACKAGES - 2019	17,052	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHAD RAMADAN FOOD PACKAGES - 2019	13,664	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA RAMADAN FOOD PACKAGES - 2019	8,612	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ETHIOPIA RAMADAN FOOD PACKAGES - 2019	50,981	WIRE			
		SOUTH ASIA	INDIA RAMADAN FOOD PACKAGES - 2019	24,400	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	INDONESIA RAMADAN FOOD PACKAGES - 2019	16,994	WIRE			
		MIDDLE EAST AND NORTH AFRICA	IRAQ RAMADAN FOOD PACKAGES - 2019	28,935	WIRE			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	JORDAN RAMADAN FOOD PACKAGES - 2019	36,743	WIRE			
		SUB-SAHARAN AFRICA	KENYA RAMADAN FOOD PACKAGES - 2019	32,035	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO RAMADAN FOOD PACKAGES - 2019	10,334	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON RAMADAN FOOD PACKAGES - 2019	24,113	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MALAWI RAMADAN FOOD PACKAGES - 2019	15,789	WIRE			
		SUB-SAHARAN AFRICA	MALI RAMADAN FOOD PACKAGES - 2019	15,501	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MYANMAR RAMADAN FOOD PACKAGE - 2019	180,956	WIRE			
		SOUTH ASIA	NEPAL RAMADAN FOOD PACKAGE - 2019	10,104	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	NIGER RAMADAN FOOD PACKAGES - 2019	16,419	WIRE			
		SOUTH ASIA	PAKISTAN RAMADAN FOOD PACKAGES - 2019	42,254	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOMALIA RAMADAN FOOD PACKAGES - 2019	132,045	WIRE			
		SUB-SAHARAN AFRICA	SOUTH AFRICA RAMADAN FOOD PACKAGES - 2019	10,908	WIRE			

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		SUB-SAHARAN AFRICA	SOUTH SUDAN RAMADAN FOOD PACKAGES - 2019	47,995	WIRE			
		SOUTH ASIA	SRI LANKA RAMADAN FOOD PACKAGES - 2019	7,578	WIRE			

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		SUB-SAHARAN AFRICA	SUDAN RAMADAN FOOD PACKAGES - 2019	21,127	WIRE			
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEES - RAMADAN FOOD PACKAGE - 2019	51,784	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		MIDDLE EAST AND NORTH AFRICA	TUNISIA RAMADAN FOOD PACKAGES - 2019	7,463	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN RAMADAN FOOD PACKAGES - 2019	160,750	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	ZIMBABWE RAMADAN FOOD PACKAGES - 2019	9,565	WIRE			
		SOUTH ASIA	INDIAN RAMADAN FOOD PACKAGES - 2019	125,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EAST ASIA AND THE PACIFIC	PHILIPPINES QURBANI - 2019	11,225	WIRE			
		MIDDLE EAST AND NORTH AFRICA	TUNISIA QURBANI - 2019	11,248	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	LESOTHO QURBANI - 2019	12,583	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA QURBANI - 2019	14,733	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	SOUTH AFRICA QURBANI - 2019	18,558	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO QURBANI - 2019	27,158	WIRE			

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		SOUTH ASIA	NEPAL QURBANI - 2019	37,478	WIRE			
		EAST ASIA AND THE PACIFIC	INDONESIA QURBANI - 2019	43,906	WIRE			

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		SOUTH ASIA	SRI LANKA QURBANI - 2019	51,488	WIRE			
		SUB-SAHARAN AFRICA	KENYA QURBANI - 2019	54,656	WIRE			

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		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA QURBANI - 2019	72,105	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA QURBANI - 2019	74,006	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	ZIMBABWE QURBANI - 2019	80,343	WIRE			
		SUB-SAHARAN AFRICA	SOUTH SUDAN QURBANI - 2019	86,907	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	BANGLADESH QURBANI - 2019	89,396	WIRE			
		SUB-SAHARAN AFRICA	SUDAN QURBANI - 2019	91,489	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		MIDDLE EAST AND NORTH AFRICA	LEBANON QURBANI - 2019	93,243	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN QURBANI - 2019	96,480	WIRE			

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		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA QURBANI - 2019	101,532	WIRE			
		SOUTH ASIA	AFGHANISTAN QURBANI - 2019	102,126	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IRAQ QURBANI - 2019	137,489	WIRE			
		SUB-SAHARAN AFRICA	CHAD QURBANI - 2019	145,976	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	INDIA QURBANI - 2019	150,502	WIRE			
		SUB-SAHARAN AFRICA	ETHIOPIA QURBANI - 2019	162,950	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	MALI QURBANI - 2019	166,344	WIRE			
		SUB-SAHARAN AFRICA	MALAWI QURBANI - 2019	169,739	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EAST ASIA AND THE PACIFIC	MYANMAR QURBANI - 2019	680,541	WIRE			
		SUB-SAHARAN AFRICA	NIGER QURBANI - 2019	217,266	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	PAKISTAN QURBANI - 2019	320,015	WIRE			
		SUB-SAHARAN AFRICA	SOMALIA QURBANI - 2019	336,763	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		MIDDLE EAST AND NORTH AFRICA	SYRIA QURBANI - 2019	397,642	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN QURBANI - 2019	427,743	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	AFGHANISTAN ORPHAN SPONSORSHIP - 2019	577,308	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA ORPHAN SPONSORSHIP - 2019	126,709	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SOUTH ASIA	BANGLADESH ORPHAN SPONSORSHIP - 2019	630,296	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA ORPHAN SPONSORSHIP - 2019	262,769	WIRE			

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		SUB-SAHARAN AFRICA	CHAD ORPHAN SPONSORSHIP - 2019	126,235	WIRE			
		RUSSIA AND NEIGHBORING STATES	CHECHNYA ORPHAN SPONSORSHIP - 2019	306,737	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	ETHIOPIA ORPHAN SPONSORSHIP - 2019	278,335	WIRE			
		SOUTH ASIA	INDIA ORPHAN SPONSORSHIP - 2019	517,951	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	INDONESIA ORPHAN SPONSORSHIP - 2019	132,717	WIRE			
		MIDDLE EAST AND NORTH AFRICA	IRAQ ORPHAN SPONSORSHIP - 2019	264,354	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	JORDAN ORPHAN SPONSORSHIP - 2019	1,314,153	WIRE			
		SUB-SAHARAN AFRICA	KENYA ORPHAN SPONSORSHIP - 2019	345,993	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO ORPHAN SPONSORSHIP - 2019	149,576	WIRE			
		MIDDLE EAST AND NORTH AFRICA	LEBANON ORPHAN SPONSORSHIP - 2019	631,956	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MALAWI ORPHAN SPONSORSHIP - 2019	85,918	WIRE			
		SUB-SAHARAN AFRICA	MALI ORPHAN SPONSORSHIP - 2019	393,955	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NIGER ORPHAN SPONSORSHIP - 2019	213,708	WIRE			
		SOUTH ASIA	PAKISTAN ORPHAN SPONSORSHIP - 2019	1,575,361	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOMALIA ORPHAN SPONSORSHIP - 2019	479,335	WIRE			
		SUB-SAHARAN AFRICA	SOUTH AFRICA ORPHAN SPONSORSHIP - 2019	143,289	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SRI LANKA ORPHAN SPONSORSHIP - 2019	123,160	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SYRIA ORPHAN SPONSORSHIP - 2019	828,690	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TUNISIA ORPHAN SPONSORSHIP - 2019	89,294	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN ORPHAN SPONSORSHIP - 2019	962,525	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AFGHANISTAN - WINTERIZATION 2019	498,239	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - WINTERIZATION 2019	18,800	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	CHECHNYA - WINTERIZATION 2019	28,200	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	KOSOVO - WINTERIZATION 2019	37,600	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	BOSNIA - WINTERIZATION 2019	47,000	WIRE			
		SOUTH ASIA	NEPAL - WINTERIZATION 2019	47,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ALBANIA - WINTERIZATION 2019	94,000	WIRE			
		SOUTH ASIA	PAKISTAN - WINTERIZATION 2019	94,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	BANGLADESH - WINTERIZATION 2019	141,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	YEMEN - WINTERIZATION 2019	188,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AFGHANISTAN - WINTERIZATION 2019	235,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	JORDAN - WINTERIZATION 2019	235,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	LEBANON - WINTERIZATION 2019	235,000	WIRE			
		EAST ASIA AND THE PACIFIC	MYANMAR - WINTERIZATION 2019	235,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - SYRIAN REFUGEES WINTERIZATION 2019	235,000	WIRE			
		SUB-SAHARAN AFRICA	MALAWI - WATER SUPPLY FOR RURAL MALAWI	5,400	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO COMMUNITIES AFFECTED BY FLOODS IN KENYA	9,035	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	UNITED KINGDOM - STRENGTHENING RESPONSE CAPACITY AND INSTITUTIONAL DEVELOPMENT FOR EXCELLENCE	16,274	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MALI - EMERGENCY ASSISTANCE TO IDPS	29,993	WIRE			
		SUB-SAHARAN AFRICA	MALAWI - EMERGENCY FLOOD RESPONSE	30,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	AFGHANISTAN - EMERGENCY HUMANITARIAN ASSISTANCE FOR FLOOD AFFECTED FAMILIES IN BALKH PROVINCE	30,000	WIRE			
		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RAMADAN FOOD PACKAGES FOR PALESTINE	50,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IRAQ - EMERGENCY RESPONSE TO FLOOD AFFECTED PEOPLE	94,441	WIRE			
		SUB-SAHARAN AFRICA	CYCLONE IDAI EMERGENCY FLOOD RESPONSE	100,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EL-NINO RELIEF AND RECOVERY SCHOOL FEEDING INITIATIVE	349,139	WIRE			
		MIDDLE EAST AND NORTH AFRICA	WESTBANK/GAZA - RAMADAN FOOD PACKAGES 2019	300,000	WIRE			

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		MIDDLE EAST AND NORTH AFRICA	WESTBANK/GAZA - QURBANI 2019	400,000	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			510,640	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			557,536	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			486,992	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			527,363	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			524,261	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			510,830	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			521,004	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			454,314	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES			520,814	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			519,167	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES			520,420	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			555,227	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			523,264	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MACEDONIA - DISPOSABLE MEDICAL SUPPLIES			528,835	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		SUB-SAHARAN AFRICA	SUDAN - MEDICINES			6,545,461	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			519,860	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			499,311	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			502,594	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			525,376	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHAD - MEDICINES			2,355,066	MEDICINES	IQVIA'S IMS HEALTH AND IBM'S REDBOOK DATABASES
		EUROPE (INCLUDING ICELAND & GREENLAND)	TURKEY - DISPOSABLE MEDICAL SUPPLIES			542,987	DISPOSABLE MEDICAL SUPPLIES	DONOR'S VALUATION

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ISLAMIC RELIEF USA

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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 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 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.

Additional Data

Software ID:
Software Version:
EIN: 95-4453134
Name: ISLAMIC RELIEF USA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESSICA CARES 66 GROVE ST 2 HACKENSACK, NJ 07601	27-3813755	501(C)(3)	10,000				DAY OF DIGNITY 2019
ISLAMIC SOCIAL SERVICES OF OREGON 10175 SW BARBUR BOULEVARD SUITE 100BA PORTLAND, OR 97219	38-3655438	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM FAMILY SERVICES OF COLORADO PO BOX 201645 DENVER, CO 80220	56-2402910	501(C)(3)	10,000				DAY OF DIGNITY 2019
AL-MAUN 711 MORGAN AVE LAS VEGAS, NV 89106	32-0087926	501(C)(3)	9,400				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABIL USA PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	7,000				DAY OF DIGNITY 2019
BARAKAH MUSLIM CHARITY 584 JEFFERSON AVE ROCHESTER, NY 14611	46-4478039	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASAT COMMUNITY 5623 RAINIER AVE S SEATTLE, WA 98118	46-4322594	501(C)(3)	10,000				DAY OF DIGNITY 2019
DETROIT REVIVAL ENGAGING AMERICAM MUSLIMS (DREAM) PO BOX 38152 DETROIT, MI 48238	46-4246696	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL INSHIRAH ISLAMIC CENTER 3664 TROOST AVE KANSAS CITY, MO 64108	43-1622042	501(C)(3)	10,000				DAY OF DIGNITY 2019
HUMBLE BEGINNINGS PO BOX 3103 PATERSON, NJ 07509	32-0363743	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE ATLANTA 1352 LARSON CT MARIETTA, GA 30064	45-0503956	501(C)(3)	10,000				DAY OF DIGNITY 2019
MASJID AL-ISLAM 624 GEORGE ST NEW HAVEN, CT 06511	22-2777153	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM SOCIAL SERVICES AGENCY PO BOX 11821 BALTIMORE, MD 21207	35-2347791	501(C)(3)	10,000				DAY OF DIGNITY 2019
COLLECTIONS OF STORIES OF AMERICAN MUSLIMS INC 2315 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20020	52-2066863	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE KENTUCKY 572 GEORGETOWN ST LEXINGTON, KY 40508	26-4451642	501(C)(3)	10,000				DAY OF DIGNITY 2019
UNITED PLANNING ORGANIZATION 301 RHODE ISLAND AVE NW WASHINGTON, DC 20001	52-0788987	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT 1363 OGDEN AVE BRONX, NY 10452	80-0010627	501(C)(3)	10,000				DAY OF DIGNITY 2019
AMANA FOUNDATION 104 COUNTY LINE ROAD PHILADELPHIA, PA 19116	52-2226372	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUSUF SHAH ISLAMIC CENTER OF MOUNT VERNON 10 SOUTH 2ND AVENUE 3RD FLOOR MOUNT VERNON, NY 10550	13-3288778	501(C)(3)	10,000				DAY OF DIGNITY 2019
VILLAGE OF CHAMPIONS YOUTH NETWORK 807 N 63RD ST PHILADELPHIA, PA 19151	90-0983968	501(C)(3)	9,900				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ISLAMIC ASSOCIATION MASJID & COMMUNITY CENTER 229-231 ROSEVILLE AVENUE NEWARK, NJ 07107	22-2229888	501(C)(3)	10,000				DAY OF DIGNITY 2019
ARAB AMERICAN ASSOCIATION OF NEW YORK INC 7111 5TH AVENUE BROOKLYN, NY 11220	11-3604756	501(C)(3)	10,000				DAY OF DIGNITY 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARAB AMERICAN ASSOCIATION OF NEW YORK INC 7111 5TH AVENUE BROOKLYN, NY 11220	11-3604756	501(C)(3)	19,910				QURBANI 2019
BAIT UL-JAMAAT (HOUSE OF COMMUNITY) 119 CLARK LANE STATEN ISLAND, NY 10304	47-4586458	501(C)(3)	8,100				QURBANI 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM WOMEN'S INSTITUTE FOR RESEARCH & DEVELOPMENT 1363 OGDEN AVE BRONX, NY 10452	80-0010627	501(C)(3)	15,000				QURBANI 2019
MICHIGAN MUSLIM COMMUNITY COUNCIL 30701 WOODWARD AVE SUITE 310 ROYAL OAK, MI 48073	38-3073638	501(C)(3)	57,250				QURBANI 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MA'RUF DALLAS 9669 FOREST LN SUITE 1002 DALLAS, TX 75243	12-1234567	501(C)(3)	15,000				QURBANI 2019
AMERICAN MUSLIM COMMUNITY SERVICES NORTH BANK CENTER SUITE 207 FLINT, MI 48439	47-2927555	501(C)(3)	15,000				QURBANI 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BUILDING BLOCKS OF ISLAM 716 PALISADE AVE UNION CITY, NJ 07087	27-3646101	501(C)(3)	15,000				QURBANI 2019
C-ASIST 24513 FORD ROAD DEARBORN, MI 48127	81-3386484	501(C)(3)	15,000				QURBANI 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE ENRICHMENT AND DEVELOPMENT ASSOCIATION INC (REDA INC) 2919 FULTON AVE SACRAMENTO, CA 95821	82-2023971	501(C)(3)	20,000				QURBANI 2019
SUPPORT LIFE FOUNDATION 2118 WALSH AVE SUITE 110 SANTA CLARA, CA 95050	47-1675693	501(C)(3)	15,000				QURBANI 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPLIFT CHARITY 17299 BRAMBLE CT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	15,000				QURBANI 2019
ISLAMIC SOCIETY OF GREATER OKLAHOMA 3815 N ST CLAIR AVE OKLAHOMA CITY, OK 73112	20-2351762	501(C)(3)	10,000				RAMADAN 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUSLIM COMMUNITY SERVICES NORTH BANK CENTER SUITE 207 FLINT, MI 48439	47-2927555	501(C)(3)	10,000				RAMADAN 2019
ARAB AMERICAN COMMUNITY CENTER 4300 LB MCLEOD SUITE B ORLANDO, FL 32811	20-4998635	501(C)(3)	10,000				RAMADAN 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZAMAN INTERNATIONAL 13-633-1211 DEARBORN, MI 48126	20-1946065	501(C)(3)	10,000				RAMADAN 2019
THE MOSQUE FOUNDATION 7210 W 90TH PLACE BRIDGEVIEW, IL 60455	36-2693172	501(C)(3)	9,798				RAMADAN 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPLIFT CHARITY 17299 BRAMBLE CT YORBA LINDA, CA 92886	20-5421204	501(C)(3)	10,000				RAMADAN 2019
SAHABA INTIATIVE 1887 BUSINESS CENTER DR SUITE 3 SAN BERNANDINO, CA 92408	45-2488503	501(C)(3)	10,000				RAMADAN 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D&R COMMUNITY INSTITUTE AND YOUTH INSTITUTE 2041 BASIE DR MARRERO, LA 70072	11-3656636	501(C)(3)	25,000				SUMMER FOOD SERVICE PROGRAM 2019
FOOD BANK OF DELAWARE 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	40,000				SUMMER FOOD SERVICE PROGRAM 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FJV FOUNDATION 1601 OSPREY DRIVE SUITE 206 DESOTO, TX 75115	27-4684437	501(C)(3)	10,000				SUMMER FOOD SERVICE PROGRAM 2019
PURPLE HEARTS INC 7603 FLAGSTONE ST FORT WORTH, TX 76118	45-2856302	501(C)(3)	10,000				SUMMER FOOD SERVICE PROGRAM 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZAMAN INTERNATIONAL 26091 TROWBRIDGE INKSTER, MI 48141	20-1946065	501(C)(3)	10,000				SUMMER FOOD SERVICE PROGRAM 2019
PANAMA CITY ADVANCED SCHOOL 3332 TOKEN RD PANAMA CITY, FL 32405	59-3321453	501(C)(3)	75,000				HURRICANE MICHAEL RELIEF EFFORTS TO REPAIR THE DAMAGE CAUSED BY THE HURRICANE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON COUNTRY BROTHERHOOD SISTERHOOD ASSOCIATION 23 CHAPEL AVENUE JERSEY CITY, NJ 07305	32-0539146	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - NJ TEEN DIALOGUE AND SERVICE PROJECT
MONMOUTH CENTER FOR WORLD RELIGIONS AND ETHICAL THOUGHT 14 DANBURY COURT RED BANK, NJ 07701	81-3589347	501(C)(3)	6,000				SILVER ANNIVERSARY GRANT - CIVIL DISCOURSE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSLIM-JEWISH SOLIDARITY COMMITTEE 20 LIBERTY STREET WH NEWBURGH, NY 12550	81-1343379	501(C)(3)	19,400				SILVER ANNIVERSARY GRANT - LOVE YOUR NEIGHBOR PROGRAM
ISLAMIC ASSOCIATION OF RALEIGH 808 ATWATER STREET RALEIGH, NC 27607	58-1847133	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - OUR COMMON COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED RELIGIOUS COMMUNITY OF ST JOSEPH COUNTY 501 N MAIN SOUTH BEND, IN 46601	35-0942621	501(C)(3)	22,021				SILVER ANNIVERSARY GRANT - WELCOMING CONGREGATIONS SCOPE
GOOD SHEPERD LUTHERAN CHURCH 2925 OLD MISSOURI ROAD FAYETTEVILLE, AR 72703	71-0420393	501(C)(3)	5,200				SILVER ANNIVERSARY GRANT - PRESUMED GUILTY: CREATING A CIVIC IMAGINATION THROUGH SHARED SERVICE LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH & CULTURE CENTER PO BOX 112045 NASHVILLE, TN 37222	46-4539795	501(C)(3)	6,800				SILVER ANNIVERSARY GRANT - COMMUNITY LEADERS AND BRIDGE-BUILDING PROGRAM
INTERFAITH MINISTRIES FOR GREATER HOUSTON 3303 MAIN HOUSTON, TX 77002	74-1488102	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - THE DIALOGUE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AMERICAN-ISLAMIC RELATIONS GREATER LOS ANGELES CHAPTER 2180 CRESCENT AVENUE STE F ANAHEIM, CA 92801	77-0411194	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - BRIDGING COMMUNITIES PROGRAM
BUILDING RESILIENT COMMUNITIES 301 N 9TH ST STE 312 ENTRANCE RECEPTION 200 REDLANDS, CA 92374	46-2844712	501(C)(3)	25,000				SILVER ANNIVERSARY GRANT - REDLANDS AREA INTERFAITH EMERGENCY PREPAREDNESS AND RESPONSE COLLABORATIVE PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TIYYA FOUNDATION 505 N TUSTIN AVENUE SUITE 280 SANTA ANA, CA 92705	27-3128801	501(C)(3)	17,600				SILVER ANNIVERSARY GRANT - BUILDING BRIDGES AND CROSSING BARRIERS: EDUCATION, SERVICE, AND CULTURAL EXCHANGE
NARIKA PO BOX 7779 BERKELEY, CA 94707	94-3162871	501(C)(3)	15,000				SILVER ANNIVERSARY GRANT - THE SURVIVORS BRIDGING THE GAP PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI BANTU ASSOCIATION OF AMERICA 4265 FAIRMONT AVE SUITE 210 SAN DIEGO, CA 92105	27-3390797	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - THE COMMUNITY SUPPORTING TOLERANCE, ADVOCACY, NEGOTIATION, AND DE-ESCALATION WILL PROVIDE PEACE-KEEPING TRAINING AND ANTI-HATE DIALOGUE TO COMMUNITY MEMBERS IN SAN DIEGO
FELLOWSHIP OF RECONCILIATION PO BOX 271 NYACK, NY 10960	13-3792144	501(C)(3)	22,220				SILVER ANNIVERSARY GRANT - COORDINATED COMMUNITY RESPONSE TO ISLAMAPHOBIA IN THE GREATER SEATTLE AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSLIM ASSOCIATION OF PUGET SOUND INC 17550 NE 67TH CT REDMOND, WA 98052	20-4423661	501(C)(3)	15,000				SILVER ANNIVERSARY GRANT - FAITH OVER FEAR VIDEO CAMPAIGN
KIDS4PEACE 110 MARYLAND AVE NE SUITE 205 WASHINGTON, DC 20002	20-5419759	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - INTERFAITH BRIDGE-BUILDING IN SEATTLE, WA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI FAMILY SAFETY TASK FORCE 7054 32ND AVE S SEATTLE, WA 98118	91-2037139	501(C)(3)	10,000				SILVER ANNIVERSARY GRANT - BUILDING BRIDGES - SEATTLE/KING COUNTY WA
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103551	501(C)(3)	20,000				SILVER ANNIVERSARY GRANT - ONE BOSTON DAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA NEW MAINERS PROJECT 121 COMMERCIAL STREET AUGUSTA, ME 04332	82-2409525	501(C)(3)	6,750				SILVER ANNIVERSARY GRANT - HOLIDAYS ACROSS AUGUSTA
UNITED WAY OF GREATER NASHUA 20 BROAD STREET SUITE 1 NASHUA, NH 03064	02-6015642	501(C)(3)	7,800				SILVER ANNIVERSARY GRANT - CAMP KIDSWAY: A CROSS CULTURAL EXCHANGE SUMMER CAMP AND YOUTH LEADERSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH WORKS 1010 JAMES STREET SYRACUSE, NY 13203	16-1064233	501(C)(3)	15,000				SILVER ANNIVERSARY GRANT - BEAUTIFICATION THROUGH INTERFAITH DIALOGUE
REFUGEE DREAM CENTER 340 LOCKWOOD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	25,000				SILVER ANNIVERSARY GRANT - REFUGEE YOUTH DREAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY - DEAN OF THE CHAPEL 2397 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	9,500				SILVER ANNIVERSARY GRANT - NEXGEN LEADERS OF UNDERSTANDING
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	15,000				EMERGENCY RESPONSE TO FEDERAL GOVERNMENT SHUTDOWN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA INC 3210 DR MARTIN LUTHER KING BLVD FORT MYERS, FL 33902	65-0321309	501(C)(3)	25,000				TEEN CRIME PREVENTION PROGRAM
SOMALI COMMUNITY RESETTLEMENT SERVICES 903 WEST CENTER ST SUITE 200 ROCHESTER, MN 55902	31-1668255	501(C)(3)	18,400				SOMALI COMMUNITY RESETTLEMENT SERVICES- ZAKAT DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS CALIFORNIA 631 S BROOKHURST ST SUITE 107 ANAHEIM, GA 92804	33-0826205	501(C)(3)	33,000				EMERGENCY FINANCIAL ASSISTANCE/ ZAKAT PROGRAM
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY SUITE 1560 HOUSTON, TX 77074	26-3047598	501(C)(3)	33,000				CASE MANAGFOR SINGLE MOTHERS ARRIVED AS REFUGEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS MUSLIM WOMEN FOUNDATION PO BOX 863388 PLANO, TX 75086	20-3060929	501(C)(3)	10,000				TEXAS MUSLIM WOMEN'S FOUNDATION - PEACE IN THE HOME DOMESTIC VIOLENCE
INTERACTION THE AMERICAN COUNCIL FOR VOLUNTARY INTERNATIONAL ACTION 1400 16TH STREET NW WASHINGTON, DC 20036	13-3287064	501(C)(3)	58,000				THE TOGETHER PROJECT: WORKING TOGETHER TO PRESERVE SPACE FOR CIVIL SOCIETY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

DAY OF DIGNITY - PURCHASE OF COATS, HYGIENE, AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	14619		415,395	INVOICE	COATS, HYGIENE KITS, SCHOOL KITS
DAY OF DIGNITY - PURCHASE OF COATS, HYGIENE, AND SCHOOL ITEMS FOR UNDER SERVED POPULATIONS	14619		415,395	INVOICE	COATS, HYGIENE KITS, SCHOOL KITS
HARVEY RECOVERY - ASSISTANCE TO REBUILD HOUSES AS PART OF RECOVERY FROM HURRICANE HARVEY	12		399,885	INVOICE	SUPPLIES & EQUIPMENTS
FOOD PACKAGE FOR UNDER SERVED POPULATION	8358		132,045	INVOICE	FOOD
RAMADAN FOOD PACKAGES	10074		120,067	INVOICE	FOOD
RENTAL ASSISTANCE TO US BASED REFUGEE POPULATIONS	51		114,350	INVOICE	RENTAL ASSISTANCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

FINANCIAL ASSISTANCE - TO ASSIST WITH EXPENSES INCURRED DUE TO DAMAGE CAUSED BY TORNADOES TO INDIVIDUAL HOMES	2	100,000			
FINANCIAL ASSISTANCE - TO ASSIST WITH EXPENSES INCURRED DUE TO DAMAGE CAUSED BY TORNADOES TO INDIVIDUAL HOMES	2	100,000			
2019 QURBANI	21680		75,289	INVOICE	FOOD
FOOD PACKAGE FOR UNDER SERVED POPULATION	5000		63,000	INVOICE	FOOD
TURKEY DISTRIBUTION - PURCHASES OF TURKIES FOR THANKSGIVING DISTRIBUTION	2000		17,457	INVOICE	FOOD
MLK DAY - PURCHASE OF FOOD AND HYGIENE ITEMS FOR UNDER SERVED POPULATION	1200		16,376	INVOICE	FOOD AND HYGIENE KITS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

FOOD PACKAGES FOR UNDERSERVED POPULATION	722		11,119	INVOICE	FOOD
FOOD PACKAGES FOR UNDERSERVED POPULATION	722		11,119	INVOICE	FOOD
DOMESTIC VIOLENCE PRESENTATION FOR REFUGEES TRAINING	12		720	INVOICE	DOMESTIC VIOLENCE CLASS
DISTRIBUTION OF TOYS FOR KIDS FOR HOLIDAYS CELEBRATION	630		1,777	INVOICE	TOYS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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 (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII.

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

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

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.

Return Reference	Explanation
PART I, LINE 4A	YOUSEF ABDALLAH RECEIVED A SEVERANCE PAYMENT DURING THE CALENDAR YEAR. THE PAYMENT IS INCLUDED IN PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN BIII. THE TERMS AND CONDITIONS OF THE CONFIDENTIAL SEVERANCE AGREEMENT ARE AVAILABLE TO THE INTERNAL REVENUE SERVICE UPON REQUEST.
PART I, LINE 7	BONUSES ARE PAID AS A PERCENTAGE OF SALARY BASED ON AN ANNUAL PERFORMANCE EVALUATION SUBJECT TO BUDGET AVAILABILITY AND BOARD APPROVAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ISLAMIC RELIEF USA

Employer identification number
95-4453134

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	144	1,328,641	MARKET PRICE AT DONATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	9,655,731	DONR VAL,IMS,WAC,AWP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) IS A 501(C)(3) CHARITABLE ORGANIZATION THAT ACCEPTS VEHICLE DONATIONS TO SUPPORT ITS CHARITABLE PURPOSE AND HELPS OTHER NON-PROFITS WITH THEIR VEHICLE DONATION PROGRAM. THE DONOR SPECIFIES TO CARS TO WHICH CHARITY THE SHARED NET PROCEEDS OF THE VEHICLE SALE SHOULD GO. ONCE THE VEHICLE IS AUCTIONED, THE PROCEEDS ARE SENT TO THE PRESELECTED CHARITY. AT NO TIME DOES IRUSA HAVE POSSESSION OR CONTROL OF THE VEHICLE.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
ISLAMIC RELIEF USA

Employer identification number

95-4453134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS:	ISLAMIC RELIEF USA (IRUSA) ENJOYED THE SERVICE OF AN ESTIMATED 4,000 VOLUNTEERS ACROSS THE COUNTRY DURING 2019. IRUSA OFFERS VOLUNTEER OPPORTUNITIES INCLUDING ORGANIZING EVENTS, ASSISTING IN FOOD PACKAGE ASSEMBLY, PROVIDING ADMINISTRATIVE SUPPORT IN AN OFFICE ENVIRONMENT, AND VARIOUS OTHER PROGRAMS THAT AID COMMUNITIES IN NEED. THE DISASTER RESPONSE TEAM (DRT) IS A DEDICATED GROUP OF IRUSA VOLUNTEERS WHO UNDERGO TRAINING IN DISASTER SERVICES TO HELP U.S. COMMUNITIES DURING OR AFTER DISASTERS SUCH AS TORNADOES AND FLOODS, MANY TIMES WORKING IN PARTNERSHIP WITH THE AMERICAN RED CROSS. WE CONTINUE TO SUPPORT COMMUNITIES AROUND THE COUNTRY THROUGH OUR MEMBERSHIP IN THE NATIONAL VOAD (VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER). OUR ANNUAL RAMADAN FOOD BOX ASSEMBLY PROGRAM ENGAGES VOLUNTEERS ALL OVER THE COUNTRY THROUGH PACKING EVENTS THAT ALLOW VOLUNTEERS TO ATTEND AND ASSIST US IN THE ASSEMBLY OF 5000+ FOOD BOXES WHICH PROVIDE ASSISTANCE TO FAMILIES IN NEED AROUND THE COUNTRY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A-4D: BENEFICIARY COUNT METHODOLOGY	IRUSA RECOGNIZES THE INHERENT CHALLENGES IN GENERATING AN ACCURATE BENEFICIARY COUNT IN RELIEF AND DEVELOPMENT WORK. SOME CHALLENGES CAN INVOLVE DATA INTEGRITY AND OTHERS ARE INTRINSIC TO THE CONTEXT IN THE FIELD, INCLUDING THE ABILITY TO MAINTAIN AN ACCURATE CENSUS OF A TRANSIENT OR DISPLACED POPULATION. IN LINE WITH OUR VALUES OF EXCELLENCE AND STEWARDSHIP, IRUSA STRIVES TO BE AWARE OF, AND ADOPT, THE BEST INDUSTRY STANDARDS FOR OUR BENEFICIARY COUNT METHODOLOGY. SINCE 2016, IRUSA HAS ADOPTED A METHODOLOGY FOR THE PROGRAMS WE FUND AND/OR IMPLEMENT IN WHICH A BENEFICIARY WHO IS PROVIDED WITH MULTIPLE SERVICES DURING A 12-MONTH PERIOD, WHETHER THROUGH THE SAME OR MULTIPLE PROJECTS, IS COUNTED AS ONE INDIVIDUAL RECIPIENT. ALSO, BENEFICIARY NUMBERS ARE INCLUSIVE OF ALL THOSE WHO WERE SERVED THROUGHOUT A REPORTING YEAR, INCLUDING PROJECTS THAT MAY HAVE CARRIED OVER FROM ONE YEAR TO THE NEXT OR ARE MULTIPLE YEAR PROJECTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A, EMPLOYEE'S W-2'S:	OUR PROFESSIONAL EMPLOYER ORGANIZATION (PEO), TRINET HR CORPORATION, FILED 158 W-2'S ON BE HALF OF IRUSA. TRINET HR CORPORATION (TRINET HR III, INC.) IS A PROFESSIONAL EMPLOYER ORGANIZATION HEADQUARTERED AT 9000 TOWN CENTER PARKWAY, BRADENTON, FL, 34202, (888) 874-6388. IT PROVIDES HR OUTSOURCING SERVICES, INCLUDING PAYROLL PROCESSING, HUMAN CAPITAL CONSULTING, AND EMPLOYEE BENEFITS FOR SMALL TO MEDIUM-SIZED BUSINESSES. THEIR EIN IS 48-1304650.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, PREPARED BY EXTERNAL LEGAL COUNSEL, ANNUALLY. THE CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS AND OFFICERS ANNUALLY. IF A TRANSACTION COMES BEFORE THE BOARD FOR CONSIDERATION THAT INVOLVES A CONFLICT OF INTEREST, THE CONFLICTED BOARD MEMBER MUST ALERT THE BOARD TO THE CONFLICT AND RECUSE HIMSELF OR HERSELF FROM VOTING ON THE MATTER. THIS PROCESS WOULD BE RECORDED IN THE MINUTES. CONFLICT OF INTEREST DISCLOSURES ARE MADE BY KEY EMPLOYEES, REVIEWED BY HUMAN RESOURCES AND SHARED WITH THE KEY EMPLOYEE'S SUPERVISOR IF IT APPEARS THAT THE EMPLOYEE WOULD BE INVOLVED IN DECISION-MAKING THAT COULD RESULT IN A CONFLICT. THE ORGANIZATION MAINTAINS INTERNAL CONTROLS AND POLICIES THAT FACILITATE ENFORCEMENT WITH THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEW RECOMMENDED COMPENSATION LEVELS IN LIGHT OF MARKET AND COMPARABILITY DATA SUCH AS PRIOR JOB HISTORY, COMPETING OFFERS, RELEVANT SALARY SURVEYS, IRS FORM 990 DATA FROM SIMILARLY SITUATED NGOS, AND OTHER COMPARABLE, AND THEN APPROVES OR ADJUSTS THE TOTAL COMPENSATION AND/OR INDIVIDUAL COMPONENTS THEREOF. THESE DELIBERATIONS ARE RECORDED IN CONTEMPORANEOUS MINUTES. COMPENSATION OF THE CEO AND OTHER OFFICERS OF THE ORGANIZATION ARE APPROVED BY IRUSA'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REFUNDS/ADJUSTMENTS 2,237,774.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
(1) 88 WHEELER FOUNDATION LLC PO BOX 23862 ALEXANDRIA, VA 22304 27-1092788	REAL ESTATE	VA	0	3,560,684	ISLAMIC RELIEF USA

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

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

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

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

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 section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation