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Form				

** PUBLIC DISCLOSURE COPY **

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	For the	e 2016 calendar year, or tax year beginning and	d ending		
B	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang Name chang			11-24	494808
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 1330 NEW HAMPSHIRE AVENUE, NW	Room/suite 104	E Telephone number) 659-5007
	termir ated Amen return	WASHINGTON, DC 20036		G Gross receipts \$ H(a) Is this a group re	
	Applic tion pendi	^{ng} SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
J١	Websi	empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$ te: \blacktriangleright WWW • HELPUPA • ORG		H(c) Group exemption	
_	orm of art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1978	State of legal domicile: NY
Governance	1	Briefly describe the organization's mission or most significant activities: TO A PALESTINIANS; ESPECIALLY THOSE LIVING IN	I THE I	WEST BANK, G	AZA STRIP
veri		Check this box Lift the organization discontinued its operations or disponent of voting members of the governing body (Part VI, line 1a)			sets. 7
õ		Number of independent voting members of the governing body (Part VI, line 1a)			7
Activities &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			6
/itie		Total number of volunteers (estimate if necessary)			7
CţÌ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		13,893,996.	17,384,370.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124,344.	152,825.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		122.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,018,462.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,059,732.	17,174,383.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		333,442.	377,576.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	56.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		386,267.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,779,441.	18,056,762.
	19	Revenue less expenses. Subtract line 18 from line 12		239,021.	-519,567.
s or			В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	4,516,779.	4,083,434.
et A: nd E	21	Total liabilities (Part X, line 26)		108,670.	131,573.
		Net assets or fund balances. Subtract line 21 from line 20		4,408,109.	3,951,861.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vnich prepare	r nas any knowledge.	

	O'mentance of office an		Data
Sign	Signature of officer		Date
Here		TIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	R. MATTHEW FRANK	R. MATTHEW FRANK	05/09/17 ^{if} self-employed P01277196
Preparer	Firm's name FRANK & COMPANY	•	Firm's EIN ► 54-1156733
Use Only	Firm's address ▶ 1360 BEVERLY RO	AD, SUITE 300	
	MCLEAN, VA 2210	1	Phone no. 703-821-0702
May the I	RS discuss this return with the preparer shown al	oove? (see instructions)	X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act Not	tice, see the separate instructions.	Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2 t III Statement of Program Service Accomplishments
rai	
1	Check if Schedule O contains a response or note to any line in this Part III
•	UNITED PALESTINIAN APPEAL, INC. (UPA) IS A UNITED STATES NON-PROFIT,
	NON-POLITICAL, TAX EXEMPT CHARITY COMMITTED TO PROVIDING SOCIAL
	SERVICES TO IMPOVERISHED PALESTINIANS RESIDING IN THE WEST BANK, GAZA
	STRIP AND IN LEBANESE REFUGEE CAMPS. FOUNDED IN 1978, UPA HAS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 16,984,476 · including grants of \$ 16,891,110 ·) (Revenue \$
та	HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MEDIUM AND LONG-TERM
	HEALTH PROJECTS INCLUDING MOBILE CLINICS AND PRIMARY CARE CLINICS. AS
	WELL AS SERVICES INCLUDING EMERGENCY FOOD DISTRIBUTION, MEDICAL VISITS,
	PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIANS IN THE WEST
	BANK, GAZA AND REFUGEE CAMPS IN THE ARAB COUNTRIES. EXPENSES INCURRED
	ALSO PROVIDE PROJECTS THAT DIRECTLY BENEFIT HANDICAPPED, ORPHANED, OR
	EXTREMELY DEPRIVED CHILDREN THROUGH PROGRAMS CONDUCTED BY UPA'S
	PARTNERS.
4b	(Code:) (Expenses \$ 273,628. including grants of \$ 215,316.) (Revenue \$
	EDUCATION AND SCHOLARSHIPS - FINANCIAL ASSISTANCE IN THE FORM OF
	UNIVERSITY SCHOLARSHIPS, WORK STUDY OPPORTUNITIES, FELLOWSHIPS AND
	VOCATIONAL TRAINING PROVIDED TO NEEDY PALESTINIAN STUDENTS WHO ARE
	LIVING IN OR INTEND TO RETURN TO PALESTINE.
4c	(Code:) (Expenses \$ 77,405. including grants of \$ 27,957.) (Revenue \$ COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBUILD AND
	REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES AS WELL AS
	ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND THE IMPLEMENTATION OF
	MICRO-ENTERPRISE, MICRO-FINANCE AND OTHER PROJECTS THAT STIMULATE
	EMPLOYMENT.
44	Other program services (Describe in Schedule O.)
- u	(Expenses \$ 241,978 • including grants of \$ 40,000 •) (Revenue \$)
4e	Total program service expenses > 17,577,487.
-	Form 990 (201
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	2
50	516 757994 20245 2016.03030 UNITED PALESTINIAN APPEAL, 202451

Form	990	(2016)	

UNITED PALESTINIAN APPEAL, INC.

Pa	rt 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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	15	Х	
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	16	Х	
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	19		X

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Part IV Checklist of Required Schedules (continued)

UNITED PALESTINIAN APPEAL, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
o	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		x
35a		35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

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Form	990 (2016) UNITED PALESTINIAN APPEAL, INC.		11-2494	808	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and i		ble gaming			
-	(gambling) winnings to prize winners?	•	5 5	1c	Х	
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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
3a		,		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
iu	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a	х	
h	If "Yes," enter the name of the foreign country: > OTHER COUNTRY	40004				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year in the damageneric structure and the damageneric structure at the damagener			5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
Ua				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		
D			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
C		as req	uireu	7c		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		<u> </u>	7e		х
				7e 7f		X
				7g		
	If the organization received a contribution of qualified intellectual property, did the organization file F					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
•		•••••		8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?			9a 0h		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	Section 501(c)(7) organizations. Enter:	10-	I			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
b						
11	Section 501(c)(12) organizations. Enter:	11a	l			
	Gross income from members or shareholders					
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)	11b	<u> </u>	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	(12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	I			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		40		X
				14a		
<u>d</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	юU		14b		

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Form	990	(2016)
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UNITED PALESTINIAN APPEAL, INC.

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

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X

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

			7	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		I
	If there are material differences in voting rights among members of the governing body, or if the governing				I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		-		I
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
	officer, director, trustee, or key employee?		2		┦
3	Did the organization delegate control over management duties customarily performed by or under the	•			I
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots		3		
4	Did the organization make any significant changes to its governing documents since the prior Form		4		
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				I
	persons other than the governing body?		7b		J
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				Ī
а	The governing body?		8a	Х	I
	Each committee with authority to act on behalf of the governing body?		8b	Х	Ì
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		J
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes]
0a	Did the organization have local chapters, branches, or affiliates?		10a]
	If "Yes," did the organization have written policies and procedures governing the activities of such of				1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	I
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			Î
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	J
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	J
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " in Schedule O how this was done	Yes," describe	12c	x	1
13	Did the organization have a written whistleblower policy?		13	X	t
14	Did the organization have a written document retention and destruction policy?		14	X	t
15	Did the process for determining compensation of the following persons include a review and approv				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	• •			l
а	The organization's CEO, Executive Director, or top management official		15a	x	l
	Other officers or key employees of the organization		15b	X	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			I
-	taxable entity during the year?		16a		l
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organize the steps to safeguard the organized the organized the steps to safeguard the steps to safeguar	· ·			I
	exempt status with respect to such arrangements?		16b		I
ec	tion C. Disclosure			-	ĺ
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright DC$, NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd finan	icial	
-	statements available to the public during the tax year.	in the set policy, a			
20	State the name, address, and telephone number of the person who possesses the organization's be UNITED PALESTINIAN APPEAL, INC 202-659-5007	ooks and records: ►			
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHIN		036		
		NGION, DC 20		. 000	
32006	5 11-11-16 6		Form	1 990	(
50	516 757994 20245 2016.03030 UNITED PALESTI	NIAN APPEAL.	202	245	
		/		-	-

(E)

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

(D)

(^)

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\mathbf{n})

(D)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>			from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			oen sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		lo ye	e om				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Ins	Щ,	Key	en Hig	For			
(1) GEORGE SALEM	2.00									•
TREASURER		х		X				0.	0.	0.
(2) ISAM SALAH	4.00									_
SECRETARY		х		Х				0.	0.	0.
(3) DR. MOHAMMAD TARBUSH	1.00									
CHAIRMAN		X						0.	0.	0.
(4) AFAF NASR AJLOUNY	1.00									
DIRECTOR		X						0.	0.	0.
(5) DR. NAJAT ARAFAT KHELIL	1.00									
DIRECTOR		X						0.	0.	0.
(6) G.F. JOEY MUSMAR	1.00									
DIRECTOR		X						0.	0.	0.
(7) GHASSAN SALAMEH	1.00									
DIRECTOR		X						0.	0.	0.
(8) SALEEM ZARU	40.00									
EXECUTIVE DIRECTOR				X				115,037.	0.	20,125.
		L								
000007 11 11 10										Earm 990 (2016)

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Form 990 (2016)

7

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation officer and a director/trustee) Estimation amount	ated nt of
Name and title Average hours per box, unless person is both an effect and a director/function Position Reportable compensation Reportable compensation Reportable amount	ated nt of
(list any by the organizations compension)	the
(list any hours for related organizations below line) intermediate intermediate </td <td>ated</td>	ated
	125.
c Total from continuation sheets to Part VII, Section A ▶ 0 • 0 • d Total (add lines 1b and 1c) ▶ 115,037 • 0 • 20, 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 ▶	0. 125. 1
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3	_
 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> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 	x
rendered to the organization? If "Yes," complete Schedule J for such person 5	Х
 Section B. Independent Contractors 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) (B) (C) Name and business address NONE Description of services Compensat	ion
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 ► 0 Form 990	(2016)

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Form	ı 99	0 (;			INIAN AP	PEAL, INC.		11-2494	808 Page 9
Pa	rt \	/11							
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII	(5)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a	13,208.				
iran oun			Membership dues						
S, G			Fundraising events						
ar J			Related organizations						
inil S, C			Government grants (contribut						
tion S		f	All other contributions, gifts, gran	ts, and					
ibut			similar amounts not included above	/e 1f	17,371,162.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$	16,021,785.				
au		h	Total. Add lines 1a-1f		🕨	17,384,370.			
					Business Code				
ice	2	а							
ue v		b							
n S /en		С							
Be		d							
Program Service Revenue		e							
-			All other program service reve						
	3		Total. Add lines 2a-2f Investment income (including						
	3		other similar amounts)			124,938.			124,938.
	4		Income from investment of tax						
	5		Royalties						
	-			(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
		с	Rental income or (loss)						
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	259,811.					
		b	Less: cost or other basis						
			and sales expenses	231,924.					
			Gain or (loss)		·	05.005			00.000
			Net gain or (loss)		····· ►	27,887.			27,887.
anı	8	а	Gross income from fundraising including \$						
ver			including \$ contributions reported on line						
Other Revenue			Part IV, line 18	-					
the		b	Less: direct expenses						
Ò			Net income or (loss) from func						
	9		Gross income from gaming ac		F				
			Part IV, line 19						
		b	Less: direct expenses						
		с	Net income or (loss) from gam	ing activities	🕨				
	10	а	Gross sales of inventory, less	returns					
			and allowances						
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale						
			Miscellaneous Revenu	e	Business Code				
	11								
		b							
		c d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			17,537,195.	0.	0.	152,825.
63200									Form 990 (2016)

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Part IX Statement of Functional Expenses

UNITED PALESTINIAN APPEAL, INC.

D -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations			-		
	and domestic governments. See Part IV, line 21	25,600.	25,600.			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	17,148,783.	17,148,783.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	135,162.	61,243.	37,280.	36,639	
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	197,908.	89,673.	54,587.	53,648	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	4,287.	1,942.	1,183.	1,162 4,052	
9	Other employee benefits	14,946.	6,772.	4,122.	4,052	
0	Payroll taxes	25,273.	11,451.	6,971.	6,851	
1	Fees for services (non-employees):					
а	Management					
	Legal	5,366.		5,366.		
	Accounting	16,957.		16,957.		
	Lobbying					
	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,					
•	column (A) amount, list line 11g expenses on Sch O.)	95,303.	41,946.	28,262.	25,095	
2	Advertising and promotion	119,296.	88,084.	12,096.	19,116	
3	Office expenses	42,129.	15,459.	17,422.	9,248	
4	Information technology	2,620.		2,620.		
5	Royalties					
6	Occupancy	48,004.	21,751.	13,240.	13,013	
7	Travel	41,038.	19,193.	21,845.	•	
8	Payments of travel or entertainment expenses	· · · · · ·				
•	for any federal, state, or local public officials					
9	Conferences, conventions, and meetings	1,893.	1,087.	806.		
0	Interest	,	,			
.0 21	Payments to affiliates					
2	Depreciation, depletion, and amortization	22,399.	10,149.	6,178.	6,072	
3	Insurance	3,231.	1,139.	1,410.	682	
4	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 0.)					
а	POSTAGE AND SHIPPING	82,983.	33,215.	4,690.	45,078	
h	BANK CHARGES	23,584.	,	23,584.	,.,	
c		,				
d						
	All other expenses					
е 5	Total functional expenses. Add lines 1 through 24e	18,056,762.	17,577,487.	258,619.	220,656	
5 6	Joint costs. Complete this line only if the organization	_0,000,1020		230,019•	220,030	
U	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here					

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2016.03030 UNITED PALESTINIAN APPEAL, 20245_1

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12550516 757994 20245

UNITED PALESTINIAN APPEAL, INC.

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	17	Check if Schedule O contains a response or not	te to any	line in this Part X			
		·	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,229.	1	3,397.
	2	Savings and temporary cash investments			1,701,960.	2	1,056,725.
	3	Pledges and grants receivable, net			137,721.	3	137,326
	4	Accounts receivable, net			22,000.	4	0,
	5	Loans and other receivables from current and for			,		-
	Ŭ	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				Ŭ	
	Ŭ	section 4958(f)(1)), persons described in section	•				
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				11,463.	9	16,638
		Land, buildings, and equipment: cost or other	I			5	
	104	basis. Complete Part VI of Schedule D	102	513,250.			
	h		10a	219,976.	268,036.	10c	293,274
		Less: accumulated depreciation			2,374,370.	11	2,576,074
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line *			2,514,510.	12	2,5/0,0/4
	13	Investments - program-related. See Part IV, line				13	
	13 14					13	
	14	Intangible assets			14		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ			4,516,779.	16	4,083,434
	17	Accounts payable and accrued expenses		108,670.	17	131,573	
	18	Grants payable			20070700	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to current and former					
itie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ľ.	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
	_0	parties, and other liabilities not included on lines					
		Schedule D	-	-		25	
	26	Total liabilities. Add lines 17 through 25			108,670.	26	131,573
		Organizations that follow SFAS 117 (ASC 958					
ŝ		complete lines 27 through 29, and lines 33 an					
Fund Balances	27	Unrestricted net assets			3,216,166.	27	2,500,669
ala	28	Temporarily restricted net assets			1,191,943.	28	1,451,192
Б	29					29	
E.		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ec				31	
et A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			4,408,109.	33	3,951,861
	34	Total liabilities and net assets/fund balances			4,516,779.	34	4,083,434
							Form 990 (201

Form 990 (2016) Part X Balance Sheet

Form	990 (2016) UNITED PALESTINIAN APPEAL, INC.	11-2	494808	Pa	ge 12
Pa	rt 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	17,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,05		
3	Revenue less expenses. Subtract line 2 from line 1	3	-51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,40		
5	Net unrealized gains (losses) on investments	5	8.	2,8	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-1	9,5	27.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,95	1,8	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	(2016)
			Farm	uuri	(2016)

Form **990** (2016)

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SC	HED	ULE	Α

Department of the Treasury

Internal Revenue Service

(Form	990 or	990-EZ
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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.

2016	
Open to Public	

Employer identification number

OMB No. 1545-0047

Internal Revenue Service	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/formation	rm990.
Name of the organizati	on	Emplo

		UNIT	ED PALESTI	NIAN APPEAL,	INC.			1	1-2494808
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	s.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owned	d or operat	ted by a g	overnmental ι	unit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C	•		Ū			0	
8		A community trust describe		(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g							
		university:	, , ,	, , , , , , , , , , , , , , , , , , ,		· ·			
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor		, , , , , , , , , , , , , , , , , , ,		•	,	0	,
11		An organization organized a	. ,	sively to test for public sa	ifety. See s	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform 1	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	-	•	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga	• •			-		-	/ giving
		the supported organization		-	•				
		organization. You must c		• • • •	, ,				11 5
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	-				-		-
		organization(s). You mus						5 1	ŗ
с		Type III functionally inte			in connec ⁻	tion with.	and functiona	Ilv integrate	ed with.
		its supported organization						, ,	,
d		Type III non-functionally						rted organi	ization(s)
		that is not functionally int		• • •				-	
		requirement (see instruct	•		•		-		
е		Check this box if the orga						II. Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Ente	er the number of supported of	·						
g		vide the following informatior	•						·
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Total

2016.03030 UNITED PALESTINIAN APPEAL, 20245_1

Schedule A (Form 990 or 990-EZ) 2016 UNITED PALESTINIAN APPEAL, INC. 11-24948 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3753370.	8137021.	12086132.	13893996.	17384370.	55254889.
2	Tax revenues levied for the organ-						
	ization'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	3753370.	8137021.	12086132.	13893996.	17384370.	55254889.
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)						55254889.
	Public support. Subtract line 5 from line 4.						55254009.
		(-) 0010	(1-) 0010	(-) 0014	(4) 0015	(-) 0010	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2012 3753370.	(b) 2013 8137021.	(c)2014 12086132.	(d)2015 13893996.	(e) 2016 17384370	(f) Total 55254889
	Amounts from line 4 Gross income from interest,	57555701	010/021.	12000152.	130333300	1/3043/00	55254005.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	70,305.	99,596.	94,760.	93,997.	124,938.	483,596.
9	Net income from unrelated business	, , , , , , , , , , , , , , , , , , , ,	5570500	5177000	5075570		100,0000
3	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.)	83.	100.	104.	122.		409.
11	Total support. Add lines 7 through 10						55738894.
12		, etc. (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (14	99.13 %
	Public support percentage from 2015					15	98.96 %
1 6a	16a 33 1/3% support test - 2016. 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						
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
L.	meets the "facts-and-circumstances"	-	-				
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				a, 100, 17a, 01 171		edule A (Form 990	
						· · · · · · · · · · · · · · · · · · ·	,

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Schedule A (Form 990 or 990-EZ) 2016 UNITED PALESTINIAN APPEAL, INC. 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.)

1 Gifts, grants, contributions, and				(d) 2015	· · ·	6 (f) Total
membership fees received. (Do	not					
include any "unusual grants.")						
2 Gross receipts from admissions merchandise sold or services p formed, or facilities furnished in any activity that is related to th	n					
organization's tax-exempt purp	ose					
3 Gross receipts from activities th						
are not an unrelated trade or bu iness under section 513	us-					
4 Tax revenues levied for the org	an-					
ization's benefit and either paid or expended on its behalf						
5 The value of services or facilitie						
furnished by a governmental ur	nit to					
the organization without charge						
6 Total. Add lines 1 through 5			ļ			
7a Amounts included on lines 1, 2						
3 received from disqualified per						
b Amounts included on lines 2 and 3 receiv 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 lin						
ection B. Total Support	110 0.)					
alendar year (or fiscal year beginning	in) ▶ (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
9 Amounts from line 6	, , , ,	((-)	(-,	(-, =	(1)
0a Gross income from interest, dividends, payments received of securities loans, rents, royalties and income from similar source	on S					
b Unrelated business taxable income						
(less section 511 taxes) from busin acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated bus activities not included in line 10 whether or not the business is regularly carried on 	iness)b,					
2 Other income. Do not include g or loss from the sale of capital assets (Explain in Part VI.)	jain					
3 Total support. (Add lines 9, 10c, 11, ar						
4 First five years. If the Form 99	0 is for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) or	ganization,
check this box and stop here	-			•		· · · · · · · · · · · · · · · · · · ·
ection C. Computation of	Public Support Po	ercentage				
5 Public support percentage for 2			column (f))		15	%
6 Public support percentage from					16	%
ection D. Computation of					1.01	,,
7 Investment income percentage		¥			17	%
8 Investment income percentage					18	%
9a 33 1/3% support tests - 2016						
more than 33 1/3%, check this	-					
b 33 1/3% support tests - 2015.						
		ston hore The ere	anization qualifies	as a publicly supr	ported organiz	ation 🕨
line 18 is not more than 33 1/39	%, check this box and s	stop nere. The org	anization quaineo	as a based) seeb	serves ergeni	
line 18 is not more than 33 1/39 O Private foundation. If the orga						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

2016.03030 UNITED PALESTINIAN APPEAL,

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Schedule A (Form 990 or 990-EZ) 2016 UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 5 Part IV Supporting Organizations (continued)

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	ЭО-EZ)	2016

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Schedule A (Form 990 or 990-EZ) 2016 UNITED PALESTINIAN APPEAL, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 Ye	ear (B) Current Yea (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	r production or		
collection of gross income or for management, co	nservation, or		
maintenance of property held for production of in	come (see instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 f	from line 4) 8		
Section B - Minimum Asset Amount		(A) Prior Ye	ear (B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use	assets (see		
instructions for short tax year or assets held for p	art of year):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exem	pt-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	A, line 8, Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section	n B, line 8, Column A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4	, unless subject to		
emergency temporary reduction (see instructions)) 6		
7 Check here if the current year is the organiz		grated Type III supp	orting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 UNITED PALESTINIAN APPEAL, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Conti	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Secu	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>	F (0040			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Part VI	Part IV, Se line 1; Par	ection A, li t IV, Secti , lines 5, 6	ines 1, 2, on D, line	3b, 3c, 4 s 2 and 3	b, 4c, 5a 3; Part IV	a, 6, 9a, 9t /, Section	o, 9c, 11a, E, lines 1c,	11b, and 2a, 2b, 3a	11c; Part IV, a, and 3b; Pa	Section B, li art V, line 1; I	7a or 17b; Part I nes 1 and 2; Par Part V, Section B dditional informa	t IV, Section C, , line 1e; Part V,
SCHEDU	JLE A,	PART	II,	LINE	10,	EXPL	ANATIC	ON FOR	R OTHER	R INCOM	1E:	
MISCE	LLANEOU	JS IN	COME									
2012 2	AMOUNT	: \$	83.									
	AMOUNT		100.									
	AMOUNT	•	104.									
	AMOUNT	•	122									
	AMOUNT	•	0.									
<u></u>		• •	•									

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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2016

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

(d)

(d)

(d)

X

X

X

X

11-2494808

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization UNITED PALESTINIAN APPEAL, INC. Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 15,024,678. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Person Payroll 931,704. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2016
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) (b) (c) Total contributions \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
Name of organization

Employer identification number

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
1	PHARMACEUTICALS	_						
1		\$15,024,678.	09/19/16					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
2	PHARMACEUTICALS	—						
		\$931,704.	09/23/16					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		_						
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		-						
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		\$						
623453 10-1	8-16 23	Schedule B (Form S	990, 990-EZ, or 990-PF) (2016					

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lame of orga	nization	Employer identification number						
JNITED	PALESTINIAN APPEAL, I	NC.	11-2494808					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or l						
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[
.								
-								
	(e) Transfer of gift							
	Transforce's name address a	nd 7ID + 4	Deletionskin of two offerers to two offerers					
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
-								
	(e) Transfer of gift							
		ad 71D - 4	Deletionekie of two of over to two of our					
	Transferee's name, address, a		Relationship of transferor to transferee					
.								
623454 10-18-1	6		Schedule B (Form 990, 990-EZ, or 990-PF) (201					
20404 IU-18-1	0	24						

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SCI	HED	UL	E	D

Department of the Treasury Internal Revenue Service

(Form 990)

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11 - 2494808

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(k	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 advis	sed fund	ds
	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 a	advisors in writing that grant funds can be	e used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferr	ing
Der				
Par		-	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat	· _ · · · · ·		
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified his	storic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a col	
	day of the tax year.		H	Held at the End of the Tax Year 2a
	Total number of conservation easements			2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)		20 2c
	Number of conservation easements included in (c) acquired		F	
u	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
-	year		e e gan	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	•		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the org	anization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or C	thor 9	Similar Assets
Fai	Complete if the organization answered "Yes" on Form			Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		mont an	d balance sheet works of art
Ia	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS		t and ba	alance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e			
	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 tre			
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2016
63205	08-29-16			

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 3 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apoly): a Public exhibition d Loan or exchange programs b Scholarly research e Other Check c Preservation for Ature generations e Other No c Preservation for Ature generations e Other No c Dreservation for Ature generations e Other Similar assets No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21, ior secrow or custodial account liability? Yes No b if Yes, explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII Amount is c Beginning balance (a) Current year (b) Prior year (c) Two years tack (e) four years tack d Custopartical and the organization acquered "Yes" on Pom 990, Part XIII Part V Indownent Fundac, Complete if the erganization include an anount on Fom 990, Part X, line 21, fore secrow or custod			PALESTINIA				11-24		
clock all that apply: d Loan or exchange programs e Other	Pa	t III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures, o	or Other	Similar Asse	ts(continu	ıed)
a Public exhibition during the generations delections and explain how they further the organization's exempt purpose in Part XIII. Corrected a description of the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollection's and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollection's exempt assests to be sold to raise funds rather than to be maintained as part of the organization assested 'Yes' on Form 900, Part X, line 21. Is the organization angent, fundse, custodial arrangements. Complete life organization answered 'Yes' on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or orther intermediary for contributions or other assests not included on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assests not included on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assests not included on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assests not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for ecrow or custodial account liability? Part Endowment Funds. Complete It the organization answered 'Yes' on Form 900, Part X, line 20. If 'Yes' is a provide on Part XIII Bedring of year balance I a Begrining of year balance I a Begrining of year balance I a Begrin degrination as bale many provided on Part XIII Begrine organization answered 'Yes' on Form 900, Part X, line 20. If 'Yes' is a bale organization and balance (line 1g, column (a)) held as: Beard degrination organization and the organization and balance (line 1g, column (a)) held as: Beard degrination explores the advorted the organization as bale as required on Schedule R? A content endowment } _	3		ion, and other record	ds, check any o	of the following tha	at are a sigr	nificant use of its	collection	items
b Scholary research e Other c Preventation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to the control to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part IV, line 9, or resported an amount on form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. b If 'Yes,' explain the arrangement in Part XII and complete the following table: c Beginning balance d Additions during the year 11 Todownent Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. Part V Endownent Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. Part V Indownent Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. a Beginning of year balance (a) Current year b Contrinductive expenees a Other enge									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd 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 answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 18 Is the organization and explain the view of the organization answered "Yes" on Form 980, Part X, line 21. 19 Is the organization and explain the view of the organization answered "Yes" on Form 980, Part X, line 21. 19 Is the organization and explain the view of the organization answered "Yes" on Form 980, Part X, line 21. 10 Is the organization include an amount on other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 11 Is the organization include an amount on Form 980, Part X, line 21. for secrew or custodial account liability? Ves 2 Do the organization include an amount on Form 980, Part X, line 21. for secrew or custodial account liability? Ves No 10 Information adminest the organization answered 'Yes' on Form 980, Part X, line 10. Intell Intell 11 Intell Intell Intell Intell 114 Intell Int	а		c						
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b If "Yes," explain the arrangement in Part XII and complete the following table:								Yes	No
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Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back	b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation has	been provided on	Part XIII			
1a Beginning of year balance	Pa	rt V Endowment Funds. Complete	if the organization ar	swered "Yes"	on Form 990, Par	t IV, line 10			
b Contributions			(a) Current year	(b) Prior ye	ear (c) Two yea	rs back (d) Three years back	(e) Four y	/ears back
c Net investment earnings, gains, and losses	1a								
d Grants or scholarships	b	Contributions							
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses							
and programs									
f Administrative expenses	е	Other expenditures for facilities							
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 ▶% mthe 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 3a(i) (ii) rethere endowment states are equired on Schedule R? 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated 0 Basis (investment) basis (other) depreciation (d) Book value 1a 254 , 522 . 110 , 672 . 143 , 850 . b State stat	f								
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:	g	-							
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	2		rent year end baland		umn (a)) held as:				
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,8866. e Other 40,490. 38,257. 2,233.	3a		ession of the organiz	ation that are i	neid and administe	erea for the	organization	Г	
(ii) related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b 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 (other) (c) Accumulated depreciation (d) Book value 1a Land 84,840. 84,840. 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,8866. e Other 40,490. 38,257. 2,233.		-							res NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.									
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 1a Land 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,8866. e Other 40,490. 38,257. 2,233.	h	If "Yes" on line 32(ii) are the related organize	ations listed as requi	rod on Schodu				3a(11)	
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 1a Land 84,840. 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.									
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 value1a Land84,840.84,840.84,840.b Buildings254,522.110,672.143,850.c Leasehold improvements75,053.19,588.55,465.d Equipment58,345.51,459.6,886.e Other40,490.38,257.2,233.	_			Swittent funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 84,840. 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.				0. Part IV. line	11a. See Form 990). Part X. lir	ne 10.		
basis (investment) basis (other) depreciation 1a Land 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.		· · · · ·		<u> </u>		, ,		(d) Book	value
1a Land 84,840. 84,840. b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.								(-, 2000	
b Buildings 254,522. 110,672. 143,850. c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.	1 a	Land	`	·	, ,	•		84	,840.
c Leasehold improvements 75,053. 19,588. 55,465. d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.						11	10,672.		
d Equipment 58,345. 51,459. 6,886. e Other 40,490. 38,257. 2,233.					•				
e Other					58,345.	Ę	51,459.		
					40,490.		38,257.		
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B),	line 10c.)			293	,274.

Schedule D (Form 990) 2016

632052 08-29-16

Part VII Investments - O	ther Securi	ties.		
Schedule D (Form 990) 2016	UNITED	PALESTINIAN	APPEAL,	INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market valu
) Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	on Form 990. Part IV.	ine 11c. See Form 990). Part X. line 13.	
(a) Description of investment	(b) Book value		valuation: Cost or en	d-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 000 Port IV	ing 11d Sog Form 000) Dort V line 15	
	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		►	
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	on Form 990, Part IV,		rm 990, Part X, line 2	5.
. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)			-	
			-	
(8)			-	
(9)	05)		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
	the text of the footnot	e to the organization's	tinancial statements	that reports the
 Liability for uncertain tax positions. In Part XIII, provide t organization's liability for uncertain tax positions under F 				

Sche	edule D (Form 990) 2016 UNITED PALESTINIAN APPEAL, INC.	11-	2494808 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Re		
-	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	17,600,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a	82,846.	
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	82,846.
3	Subtract line 2e from line 1		17,517,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	19,527.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		19,527.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		17,537,195.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	penses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	18,056,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b			
С			
d			
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		18,056,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		18,056,762.
Ť	rt XIII Supplemental Information.		

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

PART X, LINE 2:

UPA ACCOUNTS FOR UNCERTAIN TAX POSITIONS UNDER FASB ASC 740. FASB ASC 740
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTERPRISE'S FINANCIAL STATEMENTS. FASB ASC 740 PRESCRIBES A COMPREHENSIVE
MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN FINANCIAL
STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN,
INCLUDING THE POSITION THAT UPA IS EXEMPT FROM INCOME TAXES. UPA BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. UPA'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORM 990) IS OPEN TO EXAMINATION BY THE IRS, GENERALLY FOR
THREE YEARS AFTER IT WAS FILED.
632054 08-29-16 Schedule D (Form 990) 2016
550516 757994 20245 2016.03030 UNITED PALESTINIAN APPEAL, 20245_1

Schedule D	(Form 990) 2016
Dort VIII	0

Part XIII Supplemental Information (continued)		
632055 08-29-16	2.2	Schedule D (Form 990) 2016
	29	

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1						2016
Department of the Treasury			Attach to Form 990.			Open to Public
	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/to		
Name of the organization					Employer ic	lentification number
UNITED PALESTI					11-249	
Part I General Inf		Activities Ou	tside the United States. Compl	ete if the orgar	nization answe	red "Yes" on
,	,	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance.	
			the selection criteria used to award the			X Yes No
2 For grantmakers. De	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
United States.						
	· ·		an be duplicated if additional space is			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type e(s) in the regio	expenditures for and investments
			GRANTS TO RECIPIENTS	HEALTH AND	•	
			LOCATED IN REGION.	COMMUNITY I		,
MIDDLE EAST AND NORTH AFRICA -	0	23	GRANTS TO ORGANIZATIONS AND DONATIONS OF MEDICAL DRUGS	EDUCATION A		17 174 202
NORTH AFRICA -	0	23	DONATIONS OF MEDICAL DRUGS	SPONSORSHI	25	17,174,383.
MIDDLE EAST AND						
NORTH AFRICA -	0	23	PROGRAM TRAVEL			22,402.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED STATES	0	2	PROGRAM SERVICES	PROGRAM ADM	(TNT CMD XMT O	N 20 126
STATES		2	PROGRAM SERVICES	PROGRAM ADI	1INISTRATIO	N 30,136.
	_					
3 a Sub-total	. 0	48				17,226,921.
b Total from continuation	n					
sheets to Part I	. 0	0				0.
c Totals (add lines 3a and 3b)	0	48				17,226,921.

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

Schedule F (Form 990) 2016

632071 09-21-16

11-2494808

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		20.000				
		NORTH AFRICA -	HEALTH AND WELFARE	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	0.		15956382	MEDICINES	APPRAISAL
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	12,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	25 000	WIRE TRANSFER	0.		
		NORTH AFRICA -	NEADIN AND WEDFARE	23,000.	WIRE IRANSFER			
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	10,000.	WIRE TRANSFER	0.		
			recognized as charities by the n 501(c)(3) equivalency letter		-			18
								0

Schedule F (Form 990) 2016

Schedule F (Form 990)

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Page 2

Part II Continuation o	Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	7 714	WIRE TRANSFER	0.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		MIDDLE EAST AND		50 000				
		NORTH AFRICA -	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	16,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	OUTREACH AND PUBLIC					
		NORTH AFRICA -	INFORMATION	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	33,200.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	6 000.	WIRE TRANSFER	0.		
				-,				
		MIDDLE EAST AND		C 000				
		NORTH AFRICA -	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		

Schedule F (Form 990)	UNITE	D PALESTINIA	N APPEAL, INC.		11-24	94808		Page 2
			ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		

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.

MIDDLE EAST AND EDUCATION AND SCHOLARSHIPS MIDDLE EAST AND NORTH AFRICA 34 215,316. WIRE TRANSFER 0. HEALTH AND WELFARE MIDDLE EAST AND NORTH AFRICA 93 0. 303,580. PERSONNEL TO PROPER PALESTINIAN MEDI 303,580. PERSONNEL TO PROPER APPROPER APPROPERATION PALESTINIAN MEDI 303,580. PERSONNEL TO PROPER APPROPERATION PARAMENTARY APPROPERATION PALESTINIAN MEDI 303,580. PERSONNEL TO PROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPROPERATION PARAMENTARY APPRO	3 ICAL
EDUCATION AND SCHOLARSHIPS NORTH AFRICA 34 215,316.WIRE TRANSFER 0. MIDDLE EAST AND 14 CONTRACT CONTR	3 ICAL
EMBRACING LIFE - PROGRAM EMPOWERS MIDDLE EAST AND PALESTINIAN MEDI	3 ICAL
MIDDLE EAST AND PROGRAM EMPOWERS	3 ICAL
MIDDLE EAST AND PALESTINIAN MEDI	ICAL
HEALTH AND WELFARE NORTH AFRICA 93 0. 303,580.PERSONNEL TO PRO	DVIDE FMV

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (G) DESCRIPTIONS

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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; do not file with Form 990)</i>	Yes	X 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	X 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	X 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	X 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; do not file with Form 990)	X Yes	No No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 UNITED PALESTINIAN APPEAL, INC.

 Part V
 Supplemental Information

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

PART III, COLUMN (G):

REGION: MIDDLE EAST AND NORTH AFRICA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: EMBRACING LIFE - THE PROGRAM

EMPOWERS PALESTINIAN MEDICAL PERSONNEL TO PROVIDE SELF-SUFFICIENT AND

COMPREHENSIVE CARE FOR PATIENTS WITH CLEFT LIP AND/OR CLEFT PALATE (CLP)

AND OTHER CRANIOFACIAL ANOMALIES AND TO TRANSFER THEIR KNOWLEDGE TO

HEALTH SYSTEMS WHERE UPA IS OPERATIONAL.

SCHEDULE F, PART I, LINE 2:

IN ORDER TO INCREASE TRANSPARENCY AND OVERSIGHT FOR THE GRANTS, AND INCREASE THE IMPACT OF EVERY DOLLAR SPENT, UPA IMPLEMENTED THE NEW PROJECT-BASED MODEL. UPA HAD THOSE THAT RECEIVED GRANTS SUBMIT PROPOSALS FOR PROJECTS AND SIGN A TERMS OF GRANT FOR EACH PROJECT. IN ORDER TO CREATE MORE TRANSPARENCY AND GET MORE INFORMATION OUT TO EACH PROJECT GRANT APPLICATION, UPA UPDATED THE APPLICATION TO INCLUDE NINE SPECIFIC QUESTIONS THAT WOULD BE USED TO EVALUATE THE APPLICATION, SUCH AS "IS THE PROJECT SUSTAINABLE?" AND "DOES THE PROJECT BUILD CAPACITY?" THIS MADE IT EASIER TO OBJECTIVELY WEIGH PROJECT GRANT APPLICATIONS AGAINST EACH OTHER, AND ALL THOSE QUESTIONS WERE INCLUDED IN THE RUBRIC UPA CREATED. OTHER FACTORS UPA TOOK INTO ACCOUNT WHEN POSSIBLE, WERE EACH ORGANIZATION'S STRUCTURE AND EFFICIENCY, RESPONSIVENESS, AND REPORTING QUALITY IF UPA HAD WORKED WITH THEM BEFORE.

SCHEDULE F, PART I, LINE 3, COL (F):

EXPENDITURES ARE REPORTED BASED ON THE ACCRUAL ACCOUNTING METHOD.

632075 09-21-16

Schedule F (I	Form 990) 2016	UNITED PALE	STINIAN A	APPEAL,	INC.	11-2494808	Page 5
Part V	Supplement	al Information					
	Provide the infor	mation required by Part I,	line 2 (monitorir	ng of funds); P	art I, line 3, colu	umn (f) (accounting method; amounts of	
	investments vs.	expenditures per region);	Part II, line 1 (ac	counting met	hod); Part III (ac	counting method); and Part III, column (c)	
	(estimated numb	per of recipients), as applie	cable. Also com	olete this part	to provide any	additional information. See instructions.	
SCHEDUI	LE F. PAF	RT III, LINE	1. COL ((C):			
	,	,	_/ (- / -			
THE NUN	MBER OF I	NDIVIDUAL RE	CIPIENTS	RECEIV	ING ASSI	STANCE IS DETERMINED	
BY THE	NUMBER C	OF SCHOLARSHI	S THE O	RGANIZA	TION PRC	VIDED AND THE NUMBER	
OF STUI	DENTS REC	EIVING EDUCA	FIONAL II	NSTRUCT	TON BY 1	HE ORGANIZATION.	
SCHEDIII		RT III, LINE		c).			
	<u> </u>			0,.			
EMBRACI	ING LIFE	- THE PROGRAM	M EMPOWE	RS PALE	STINIAN	MEDICAL PERSONNEL TO	
PROVIDE	E SELF-SU	JFFICIENT AND	COMPREH	ENSIVE	CARE FOR	PATIENTS WITH CLEFT	
		ישעיע שי		תה מתוות	NITODACT	AL ANOMALTES AND DO	
	D/OK CLEF	T PALATE (CL	AND U	INER CR.	ANIUFACI	AL ANOMALIES AND TO	
TRANSFI	ER THEIR	KNOWLEDGE TO	HEALTH :	SYSTEMS	WHERE U	PA IS OPERATIONAL.	
						Sabadula E (Earm 0	001 004

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO Comple	irants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	s in the Ŭni on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	a	OMB No. 1545-0047 2016 Open to Public Inspection		
Name of the organizatio										
		LESTINIAN	APPEAL, IN	iC .				11-2494808		
Part I General Inf	ormation on Grants a	nd Assistance								
criteria used to av 2 Describe in Part IV	ation maintain records t ward the grants or assist V the organization's pro	stance?	oring the use of grant	funds in the Unite	d States.		· · · · · · · · · · · · · · · · · · ·	X Yes No		
	I Other Assistance to at received more than \$	-				anization answered "Y	'es" on Form 990, Parl	t IV, line 21, for any		
1 (a) Name and add	dress of organization ernment	(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		
SMILE TRAIN 41 MADISON AVE., 2 NEW YORK, NY 10010		13-3661416	501(C)(3)	25,600.	0.			HEALTH AND WELFARE		
2 Enter total numbe	er of section 501(c)(3) a	nd government or	ganizations listed in th	ie line 1 table		I	I	▶ 1.		
	er of other organization							• 0.		
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)		

Schedule I (Form 990) (2016)

11-2494808

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					

IN ORDER TO INCREASE TRANSPARENCY AND OVERSIGHT FOR THE GRANTS, AND

INCREASE THE IMPACT OF EVERY DOLLAR SPENT, UPA IMPLEMENTED THE NEW

PROJECT-BASED MODEL. UPA HAD THOSE THAT RECEIVED GRANTS SUBMIT PROPOSALS

FOR PROJECTS AND SIGN A TERMS OF GRANT FOR EACH PROJECT. IN ORDER TO CREATE

MORE TRANSPARENCY AND GET MORE INFORMATION OUT TO EACH PROJECT GRANT

APPLICATION, UPA UPDATED THE APPLICATION TO INCLUDE NINE SPECIFIC QUESTIONS

THAT WOULD BE USED TO EVALUATE THE APPLICATION, SUCH AS "IS THE PROJECT

SUSTAINABLE?" AND "DOES THE PROJECT BUILD CAPACITY?" THIS MADE IT EASIER TO

Schedule I Part IV	(Form 990) Suppler	nental li	UN nforma	NITED ation	PALE	STINIA	N APPE	AL,	INC.		11-2	2494808 Pa
OBJEC	TIVELY	WEIGH	I PRC	JECT	GRAN	T APPL	ICATIO	NS A	GAINST	EACH	I OTHER,	AND ALL
THOSE	QUEST	IONS W	IERE	INCLU	JDED	IN THE	RUBRI	C UP	A CREA	TED.	OTHER E	ACTORS U
тоок :	INTO AC	CCOUNT	WHE	EN POS	SSIBL	E, WER	E EACH	ORG	ANIZAT	ION'S	S STRUCI	URE AND
EFFIC	IENCY,	RESPC	NSIV	ENESS	5, AN	D REPO	RTING	QUAL	ITY IF	UPA	HAD WOF	RKED WITH
THEM	BEFORE											
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	HEDULE M orm 990)	► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.						
	tment of the Treasury al Revenue Service	 Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. 						
Nam	e of the organizatio	n				Employe	r identification number	
		UNITED PALES	TINIAN	APPEAL,	INC.	1	1-2494808	
Pa	rt I Types of	f 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) d of determining ontribution amounts	
1	Art - Works of art							
2		asures						
3		erests						
4		ations						
5		sehold goods						
6		hicles						
7								
8		ty						

Х 65,403.FAIR MARKET VALUE 6 Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 15,956,382.APPRAISAL Х 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other) 26 Other () 27 Other ► () 28 Other ► 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 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 х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	FOR Paper work neuronal Activation, see the instructions for Form 330.

Schedule M (Form 990) (2016)

632141 08-23-16

Schedule M (Form 990) (2016) $$ UN $$	TED PALESTIN	IIAN APPEAL,	INC
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN SCHEDULE M,

PART I, COLUMN (B).

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11 - 2494808

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND IN REFUGEE CAMPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTED WIDE-RANGING HUMANITARIAN PROGRAMS THAT CATERED TO NEEDY

PALESTINIANS WITHIN THESE REGIONS. ITS PROGRAMS FALL INTO FOUR MAIN

AREAS: HEALTH CARE, EDUCATION & UNDERGRADUATE SCHOLARSHIPS, CHILD

SPONSORSHIP, AND COMMUNITY DEVELOPMENT.

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

OUTREACH AND PUBLIC INFORMATION - ALL EXPENSES INCURRED TO EDUCATE THE

GENERAL PUBLIC AND RAISE AWARENESS ABOUT PALESTINIAN HISTORY, LANGUAGE

AND CULTURE.

EXPENSES \$ 241,978. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0.

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

FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT COPY IS PROVIDED TO THE ORGANIZATION. UPA'S TREASURER ON THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR, DIRECTOR OF OPERATIONS AND DIRECTOR OF DEVELOPMENT

REVIEW THE FORM 990 BEFORE IT IS OFFICIALLY FILED WITH THE IRS.

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

THE UPA BOARD OF DIRECTORS CONSTANTLY MONITOR THE ACTIONS OF EVERYONE

CONNECTED WITH UPA TRANSACTIONS TO ENSURE THAT THERE ARE NO CONFLICT OF

INTERESTS. IF A POTENTIAL CONFLICT WERE TO ARISE; THE BOARD WOULD

IMMEDIATELY MEET TO DECIDE WHAT CORRECTIONS MUST TAKE PLACE. UPA HAS A

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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BOARD APPROVED CONFLICT OF INTEREST POLICY IN PLACE WHICH EFFECTIVELY
COVERS THESE MATTERS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE BEFORE
EMPLOYMENT CONTRACTS ARE CREATED. CONTRACT AND SALARY REQUIREMENTS ARE
BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT SURVEYS,
COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION
AND DECISION.
FORM 990, PART VI, SECTION C, LINE 18:
UPA COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORMS 1023 AND 990
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AND THE ANNUAL
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.
FORM 990, PART VI, SECTION C, LINE 19:
UPA MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.

Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11-2494808

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