Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	1878
-----	-----	-------	------

Department of the Treasury Internal Revenue Service	▶ D	20 15			
Name of exempt organization	/ Information about FC	om 6679-CO and its instruct	ions is at www.irs.gov/form88		identification number
***************************************	INIAN APPEAL,	INC.	***************************************	11-2	494808
Name and title of officer SALEEM F. ZAR	TY				
EXECUTIVE DIR					
		ormation (Whole Dollars C	niv)	······································	·
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on lank (do not enter -0-). But, if	that line for the return being you entered -0- on the return, nue, if any (Form 990, Part VIII)	e applicable amount, if any, fro filed with this form was blank, t then enter -0- on the applicable , column (A), line 12)	hen leave line belov	line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more 14,018,462.
2a Form 990-EZ check he	ere ▶∟b Totalr	evenue, if any (Form 990-EZ, I	ine 9)	2b	
3a Form 1120-POL check	there 📂 Land b for	tal tax (Form 1120-POL, line 2	2)	3b	
4a Form 990-PF check he	ere b Taxba	sed on investment income (F	Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance D	ue (Form 8868, Part I, line 3c	or Part II, line 8c)	5b	······
Part II Declarat	ion and Signature Au	thorization of Officer		***************************************	
electronic return and according the declare that the an intermediate service provida) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	impanying schedules and state outh in Part I above is the a der, transmitter, or electronic for receipt or reason for reject applicable, I authorize the U.S I institution account indicate stitution to debit the entry to lan 2 business days prior to lic payment of taxes to receip a personal identification numelectronic funds withdrawal.	atements and to the best of mount shown on the copy of the return originator (ERO) to serion of the transmission, (b) the S. Treasury and its designated in the tax preparation softworthis account. To revoke a particle payment (settlement) date we confidential information ner	of that I have examined a copy y knowledge and belief, they a he organization's electronic related the organization's return to the reason for any delay in procest Financial Agent to initiate an eare for payment of the organizatyment, I must contact the U.S. I also authorize the financial incessary to answer inquiries and the organization's electronic re	re true, co turn. I con- the IRS an ssing the re- electronic is ation's fed- Treasury I nstitutions I resolve is	rrect, and complete. I sent to allow my d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the
processorial	ANK & COMPANY,	p C			0.4000
LAL Fauthonze FIX	AUN & COMPANI,	ERO firm name		to enter m	y PIN 94808 Enter five numbers, bi
		ENO IIIII II BIIIC			do not enter all zeros
is being filed wit enter my PIN on As an officer of indicated within	h a state agency(ies) regulat the return's disclosure cons the organization, I will enter r	ing charities as part of the IAS sent screen. ny PIN as my signature on the e return is being filed with a st	urn. If I have indicated within the Fed/State program, I also aut e organization's tax year 2015 eate agency(ies) regulating char	horize the electronica ities as pa	aforementioned ERO to ally filed return. If I have rt of the IRS Fed/State
Part III Certifica	tion and Authenticati	on			was the same of th
L	our six digit electronic filing id			***************************************	
	your five-digit self-selected l		54143194808 do not enter all zeros		
I certify that the above nur confirm that I am submittir e-file Providers for Busines	ng this return in accordance	is my signature on the 2015 ewith the requirements of Pub .	lectronically filed return for the 4163, Modernized e-File (MeF)	organizat Informatio	ion indicated above. I on for Authorized IRS
ERO's signature >	1/9/1/		Date ▶ <u>05/</u>	10/16	
		ust Retain This Form - his Form To the IRS U	See Instructions nless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form 8879-EO (2015)

** PUBLIC DISCLOSURE COPY **

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For the	2015 calendar year, or tax year beginning and e	nding	_	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres change	UNITED PALESTINIAN APPEAL, INC.			
Ē	Name change Initial	Doing business as			194808
	return Final return/	, , , , , , , , , , , , , , , , , , , ,	Room/suite 0 4	E Telephone number) 659-5007
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,238,616.
	Amend	WASHINGTON, DC 20030		H(a) Is this a group re	
	Applica tion pending			for subordinates'	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	527	1	list. (see instructions)
		e: WWW.HELPUPA.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 19/0 M	State of legal domicile: NY
_	T 4 7	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f AL}$	T.F.V.T.A	TE THE SHE	ERING OF
Governance	' ;	PALESTINIANS; ESPECIALLY THOSE LIVING IN	THE W	EST BANK G	AZA STRIP
nar	2	Check this box if the organization discontinued its operations or dispose			-
Ver	3 1	Number of voting members of the governing body (Part VI, line 1a)		1 1	7
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			7
တ္တ		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5
įį		Total number of volunteers (estimate if necessary)			7
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		12,086,132.	13,893,996.
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		121,661.	124,344.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		104.	122.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,207,897.	14,018,462.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,156,260.	13,059,732.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	222 442
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		302,210.	333,442.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 170,71	····	0.	0.
Ä	b			376,534.	386,267.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,835,004.	13,779,441.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		372,893.	239,021.
JC Po	19	16461106 1633 67/P611363. DUDITAUL IIITE 10 110111 IIITE 12	Re	ginning of Current Year	End of Year
ets (20	otal assets (Part X, line 16)		4,392,174.	4,516,779.
ASS	21	Fotal liabilities (Part X, line 26)		14,703.	108,670.
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20		4,377,471.	4,408,109.
P	art II	Signature Block		<u> </u>	· ·
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	SALEEM F. ZARU, EXECUTIVE DIRECTOR			
_		Type or print name and title	1 1)ata I I	TI DTIN
D - '	. L	Print/Type preparer's name Preparer's signature Name to the preparer's property and a preparer's		Date Check	PTIN
Pai		R. MATTHEW FRANK R. MATTHEW FRANK	. 0	4/14/16 if self-employe	P01277196
	- +	Firm's name FRANK & COMPANY, P.C.		Firm's EIN ▶	54-1156733
US	Only	Firm's address 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101		Dh 70	3-821-0702
N 4 c	\ +ba !D	S discuss this return with the preparer shown above? (see instructions)		Prione no. 7 U .	X Yes No
IVIA	v uie in	o diaduaa mia terum wiin me preparer shown above (Isee Instructions)			L42 TCS L INO

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	
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 \$ 12,851,280. including grants of \$ 12,750,341.) (Revenue \$) 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 \$ 256,706 • including grants of \$ 207,241 •) (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 \$ 123,925 • including grants of \$ 82,150 •) (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.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 161,466 • including grants of \$ 20,000 •) (Revenue \$)
4e	Total program service expenses ► 13,393,377.
50055	Form 990 (2015)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		-25
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	Х	
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		Х
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	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		\ ₃₇	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	000	

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
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			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		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	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	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? It res, complete schedule L, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
20		28c	Х	25
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		22
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I	31		25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24		33		22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:		
00	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?			_ v
	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			_ v
	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?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
	_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► OTHER COUNTRY			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	.		х
	to file Form 8282?	7с		^
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
J a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

532005 12-16-1 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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-/		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?				Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	•	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bololo iiii ig tilo lo	110		
12a	Did the supplied in the supplied of interest and in O. If IIA and a line 10		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			1	
Ū	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization			X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		10a		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶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) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	() [[] [] [] [] [] [] [] [] []	,,		
	TT TT	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	cv. and final	ncial	
	statements available to the public during the tax year.		- , , and ma		
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
5	UNITED PALESTINIAN APPEAL, INC 202-659-5007	551.5 and 1000145.			
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHIN	IGTON, DC	20036		
	, , , , , , , , , , , , , , , , , , , ,	., = -			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEORGE SALEM FREASURER	2.00	X		х				0.	0.	0
(2) ISAM SALAH	4.00	125						0.	<u> </u>	
SECRETARY		X		x				0.	0.	0
(3) DR. MOHAMMAD TARBUSH	1.00									
CHAIRMAN		Х						0.	0.	0
(4) AFAF NASR AJLOUNY DIRECTOR	1.00	X						0.	0.	0
(5) DR. NAJAT ARAFAT KHELIL	1.00	122						0.	0.	
DIRECTOR		x						0.	0.	C
(6) G.F. JOEY MUSMAR	1.00									
DIRECTOR		Х						0.	0.	0
(7) MAHA FREIJ	1.00									
DIRECTOR	40.00	Х						0.	0.	0
(8) SALEEM ZARU EXECUTIVE DIRECTOR	40.00	-		x				115,216.	0.	16,601
		-								
		4								

Form **990** (2015)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	c) sition more erson		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d is	am comp fro orga and	(F) timate tount cother bensate om the anization	of tion e on ed
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	I, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	115,216. 0. 115,216. received more than \$100	0,000 of reportab	0 • 0 • 0 •	16	5,60	0. 01.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," completion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	uch individual um of reportab 0,000? If "Yes, accrue compet plete Schedul mpensated ind	le co " co nsat e J f	omp mple ion f	ensa ete S from uch	atior Sche any pers	n and edul y uni son	d ot e J r relat	ther compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con	npens	3 4 5	rom	X X X
	Name and business Total number of independent contractors (i			mite		• tho	ose li	steo	Description of s		C	Comper	, nsation	<u></u>
	\$100,000 of compensation from the organi					Ī	0						200 (6	

532008 12-16-15 Form **990** (2015)

					EST	TNIAN API	PEAL, INC.		11-249	4808 Page 9
Pa	rt \	VΙΙ								
			Check if Schedule O cont	ains a resp	onse	or note to any line				<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1	а	21,778.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		b					
s, G			Fundraising events		С					
gift lar,			Related organizations		d					
imi			Government grants (contribut		е					
tion		f	All other contributions, gifts, gran	ts, and						
ige.			similar amounts not included abo	ve 1	f	13,872,218.				
합		g	Noncash contributions included in lines	1a-1f: \$		12,299,603.				
<u>a 2</u>		h	Total. Add lines 1a-1f			>	13,893,996.			
						Business Code				
9	2	а								
e Ž		b								
Sch		С								
Program Service Revenue		d								
<u>Б</u> О.		е								
<u>~</u>		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f			>				
	3		Investment income (including	dividends,	inter	est, and				
			other similar amounts)			▶ [93,997.			93,997.
	4		Income from investment of ta	x-exempt b	ond p	oroceeds >				
	5		Royalties	· <u>·····</u>						
				(i) Re	al	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secur	ities	(ii) Other				
			assets other than inventory	250	,501.					
		b	Less: cost or other basis							
			and sales expenses	220	,154.					
		С	Gain or (loss)	30	,347.					
		d	Net gain or (loss)				30,347.			30,347.
<u>o</u>	8	а	Gross income from fundraisin	g events (r	ot					
en			including \$	of						
3eV			contributions reported on line	1c). See						
ē			Part IV, line 18							
Other Revenue		b	Less: direct expenses		b					
Ŭ		С	Net income or (loss) from fund	draising ev	ents					
	9	а	Gross income from gaming ac							
			Part IV, line 19							
		b	Less: direct expenses		b					
		С	Net income or (loss) from gan	ning activiti	es	b [
	10	а	Gross sales of inventory, less	returns						
	ĺ		and allowances							
		b	Less: cost of goods sold		b					
	L	С	Net income or (loss) from sale	s of invent	ory					
			Miscellaneous Revenu	ie		Business Code				
	11	а	OTHER INCOME			900099	122.	122.		
		b								
		С								
	ĺ	d	All other revenue							
	l	_	Total. Add lines 11a-11d				122.			

14,018,462.

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oti	her organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	13,059,732.	13,059,732.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	131,816.	62,719.	36,138.	32,959.
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	162,438.	77,289.	44,533.	40,616.
8	Pension plan accruals and contributions (include			4 4-4	4 4=-
	section 401(k) and 403(b) employer contributions)	4,205.		1,153.	1,051. 3,148.
9	Other employee benefits	12,593.		3,453.	3,148.
10	Payroll taxes	22,390.	10,652.	6,140.	5,598.
11	Fees for services (non-employees):				
	Management	075		075	
	Legal	275.		275.	
	Accounting	18,401.		18,401.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	36,301.	35,301.	1,000.	
40	column (A) amount, list line 11g expenses on Sch O.)	66,624.		3,134.	21,212.
12 13	Advertising and promotion Office expenses	48,528.		17,859.	10,874.
14	Information technology	2,329.		2,329.	20,0,20
15	Royalties				
16	Occupancy	43,984.	20,929.	12,057.	10,998.
17	Travel	37,992.	7,632.	30,360.	, , , , , , , ,
18	Payments of travel or entertainment expenses	•	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,082.	3,723.	2,359.	
20	Interest	51.		51.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,440.	6,870.	3,959.	3,611.
23	Insurance	2,394.	1,139.	656.	599.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	POSTAGE AND SHIPPING	82,964.	37,325.	5,593.	40,046.
b	BANK CHARGES	25,902.		25,902.	-
С		-		-	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,779,441.	13,393,377.	215,352.	170,712.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2015)

20245__1

Ра	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,019.	1	1,229.
	2	Savings and temporary cash investments	1,546,896.	2	1,701,960.		
	3	Pledges and grants receivable, net	121,342.	3	137,721.		
	4	Accounts receivable, net			7,000.	4	22,000.
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,471.	9	11,463.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	465,614.			
	b	Less: accumulated depreciation	10b	197,578.	255,903.	10c	268,036.
	11	Investments - publicly traded securities			2,453,543.	11	2,374,370.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	4,392,174.	16	4,516,779.		
	17	Accounts payable and accrued expenses		14,703.	17	108,670.	
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee	,				
Liabilities		Complete Part II of Schedule L				22	
_	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	,				
		parties, and other liabilities not included on lines	,	· ·			
		Schedule D		14,703.	25	108,670.	
	26			Jr have X and	14,703.	26	100,070.
"		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		r nere → LAL and			
ĕ	27				3,335,200.	27	3,216,166.
Fund Balances		Unrestricted net assets			1,042,271.	28	1,191,943.
Be	28	D			1,012,271.	29	1,101,040.
nu	29	Organizations that do not follow SFAS 117 (A		R) check hore		29	
Ξ		and complete lines 30 through 34.	JU 930	o,, oneck nere			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances		—	4,377,471.	33	4,408,109.
	34	Total liabilities and net assets/fund balances			4,392,174.	34	4,516,779.
	J-4	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES			1,000,11,40	J 1	1,010,175

Form **990** (2015)

Check if Schedule O contains a response or note to any line in this Part XI					
	1				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 2 13 3 2 4 9 13 3 8 4 9 13 4 9 13 5 10 5 10 6 10 7 10					62. 41. 21. 71. 47.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4	,40	8,1	09.
Part XII Financial Statements and Reporting	1				
Check if Schedule O contains a response or note to any line in this Part XII					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other " explain in Schodul	lo O			Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in So			2c	Х	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Act and OMB Circular A-133?	Single Au	udit	За		х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired au	ıdit 	3b	990	(2015)

532012 12-16-15

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11-2494808

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect i	•										
3	同	A hospital or a cooperative		•			i)						
4	Ħ	A medical research organiz					-	the hospital's name					
_	ш		ation operated in co	njunction with a nospita	i describe	a iii Sectio	ii iio(b)(i)(A)(iii). Liitei	the nospital's name,					
_		city, and state:		Un man ann comhranaith a na man	-l -u -uu-			- a al lia					
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	37	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
		section 170(b)(1)(A)(vi). (C											
8	Щ	A community trust describe	ed in section 170(b) (1)(A)(vi). (Complete Par	t II.)								
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from					
		activities related to its exen	•					-					
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	-										
10	Н	An organization organized a	•	•	•								
11		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·						
		more publicly supported or	~					Check the box in					
	_	lines 11a through 11d that	• •			•							
а			•	•									
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must o	•										
b			· ·					•					
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported					
		organization(s). You mus	- ·										
С			-				• •	ed with,					
		its supported organization		•									
d		⊥ Type III non-functionally					• • • • • •						
		that is not functionally int	-	-	•			iveness					
		requirement (see instruct	·										
е		☐ Check this box if the orga					ı Type I, Type II, Type III						
_		functionally integrated, or											
Ť		er the number of supported of											
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	,	organization	(11) 2.114	(described on lines 1-9	listed i	n your	support (see	other support (see					
		•		above (see instructions))	governing of Yes	No	instructions)	instructions)					
					res	NO							
[ota								l					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 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)

(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1855364.	3753370.	8137021.	12086132.	13893996.	39725883.
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	1855364.	3753370.	8137021.	12086132.	13893996.	39725883.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						39725883.
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1855364.	3753370.	8137021.	(d) 2014 12086132.	13893996.	39725883.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	55,828.	70,305.	99,596.	94,760.	93,997.	414,486.
9	Net income from unrelated business	-	-				-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,213.	83.	100.	104.	122.	1,622.
11							40141991.
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	. la au a					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	98.96 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	98.88 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or r	more, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	_	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>ıs</u>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Sup		low, please com	piete Part II.)				
Calendar year (or fiscal year be		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contribution	· · · ⊢	<u> </u>	(-,	(-,,	(=, ==.	(=, == :=	(-,
membership fees receiv	· I						
include any "unusual gra	,						
2 Gross receipts from admerchandise sold or ser	nissions,						
formed, or facilities furni any activity that is relate organization's tax-exem	ed to the						
3 Gross receipts from acti	ivities that						
are not an unrelated traciness under section 513							
4 Tax revenues levied for							
ization's benefit and eith							
or expended on its beha	•						
5 The value of services or							
furnished by a government							
the organization without							
6 Total. Add lines 1 through	· · · · F						
7a Amounts included on lin	· –						
3 received from disquali	fied persons						
b Amounts included on lines 2 and from other than disqualified persexceed the greater of \$5,000 or amount on line 13 for the year	sons that 1% of the						
c Add lines 7a and 7b							
8 Public support. (Subtract lin							
Section B. Total Supp	ort						
Calendar year (or fiscal year be	ginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6							
10a Gross income from inter dividends, payments red securities loans, rents, r and income from similar	ceived on oyalties						
b Unrelated business taxable (less section 511 taxes) fro	ı						
acquired after June 30, 197	75						
c Add lines 10a and 10b							
11 Net income from unrelat activities not included in whether or not the busin regularly carried on	ted business line 10b,						
12 Other income. Do not in or loss from the sale of o	capital						
assets (Explain in Part V 13 Total support. (Add lines 9, 1							
14 First five years. If the F		he organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi	zation
check this box and stop		· ·			•	. , . ,	L
Section C. Computation							
15 Public support percenta				column (f))		15	%
16 Public support percenta						16	%
Section D. Computation						1 10 1	70
17 Investment income perc						17	%
18 Investment income perc						18	%
19a 33 1/3% support tests							
more than 33 1/3%, che		-					
b 33 1/3% support tests	- 2014. If the c	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than							
20 Private foundation. If the	ne organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
41-		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the than the supported organization 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 Did the organization Organization Organization.	No
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization 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. Section C. Type II Supporting Organizations Yes 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	
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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. Section C. Type II Supporting Organizations Yes 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	
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization. 2 Did the organization 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. Section C. Type II Supporting Organizations Yes 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	
Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	No
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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes 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	
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes 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	
supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes 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	
Section C. Type II Supporting Organizations Yes 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	
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	
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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	No
or management of the supporting organization was vested in the same persons that controlled or managed	
the supported organization(s).	
Section D. All Type III Supporting Organizations	
Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
the organization maintained a close and continuous working relationship with the supported organization(s).	
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.	
Section E. Type III Functionally-Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):	
The organization satisfied the Activities Test. Complete line 2 below.	
b The organization is the parent of each of its supported organizations. Complete line 3 below.	
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	N ₂
· · · · · · · · · · · · · · · · · · ·	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
the supported organization(s) to which the organization was responsive? If Fest, then it Fest videntify 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.	
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.	
3 Parent of Supported Organizations. Answer (a) and (b) below.	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. 3b	

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations										
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All										
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)							
1	Net short-term capital gain	1									
2	Recoveries of prior-year distributions	2									
3	Other gross income (see instructions)	3									
4	Add lines 1 through 3	4									
5	Depreciation and depletion	5									
6	Portion of operating expenses paid or incurred for production or										
	collection of gross income or for management, conservation, or										
	maintenance of property held for production of income (see instructions)	6									
7	Other expenses (see instructions)	7									
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8									
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)							
1	Aggregate fair market value of all non-exempt-use assets (see										
	instructions for short tax year or assets held for part of year):										
а	Average monthly value of securities	1a									
b	Average monthly cash balances	1b									
С	Fair market value of other non-exempt-use assets	1c									
d	Total (add lines 1a, 1b, and 1c)	1d									
e	Discount claimed for blockage or other										
	factors (explain in detail in Part VI):										
2	Acquisition indebtedness applicable to non-exempt-use assets	2									
3	Subtract line 2 from line 1d	3									
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,										
	see instructions).	4									
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5									
6	Multiply line 5 by .035	6									
7	Recoveries of prior-year distributions	7									
8	Minimum Asset Amount (add line 7 to line 6)	8									
Sect	ion C - Distributable Amount	•		Current Year							
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1									
2	Enter 85% of line 1	2									
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3									
4	Enter greater of line 2 or line 3	4									
5	Income tax imposed in prior year	5									
6	Distributable Amount. Subtract line 5 from line 4, unless subject to										
	emergency temporary reduction (see instructions)	6									
7	Check here if the current year is the organization's first as a non-functional	y-integr	ated Type III supporting org	anization (see							
	instructions)			•							

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2015 from Section C, line 6			
10		amount divided by Line 9 amount			
		,	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3		ss distributions carryover, if any, to 2015:			
a	Ελουσ	o distributions sarry over, it arry, to 2010.			
b					
c					
	From	2013			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
-	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
-		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6	_	ining underdistributions for 2015. Subtract lines 3h			
-					
		b from line 1 (if amount greater than zero, see ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
-	and 4	-			
8		down of line 7:			
a					
b					
	Exces	ss from 2013			
		ss from 2014			
		ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

	Se (Se	etion D, e instru	lines 5, 6 ictions.)	i, and 8;	and Part \	/, Sectio	n E, lines 2, 5, and 6	Also com	olete this par	t for any additional information.	
SCHEI	ULE	Α,	PART	II,	LINE	10,	EXPLANATIO	N FOR	OTHER	INCOME:	
MISCE	ELLA	NEOU	JS IN	COME							
2011	AMO	UNT:	\$	1,21	L3.						
2012	AMO	UNT:	\$	83.							
2013	AMO	UNT:	\$	100	,						
2014	AMO	UNT:	\$	104	,						
2015	AMO	UNT:	\$	122	•						

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED PALESTINIAN APPEAL, INC. 11-2494808

Organization type (check one):

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						
	4947 (a)(1) Hollexempt chantable 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						
• •	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Note. Only a section 50 (.)(/), (o), 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							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) 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 tor, 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, Z, line 1. Complete Parts I and II.						
year, total contrib	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.						
year, contributior is checked, enter purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year						
•	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), n 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						

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) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,026,015.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
	PHARMACEUTICALS	_	
1	-	—	
		<u>\$ 11,026,015.</u>	08/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS		
2			
		<u> </u>	05/26/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-	_	
	-	_	
		<u> </u>	
(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
		_	
		<u> </u>	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		, ,	
E004E0 10 0			190 990-E7 or 990-PE\ (2015)

Name of org	ganization				Employer identification number			
IINTTTET	O PALESTINIAN APPEAL, I	NC			11-2494808			
Part III	Exclusively religious charitable etc. cont	ributions to organizations d	escribed in secti	on 501(c)(7), (8), or	(10) that total more than \$1,000 for			
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	COIUMNS (a) through (e) and is, charitable, etc., contributions o	tne following line f \$1,000 or less for t	entry. For organizations he year. (Enter this info. once.	→ \$			
	Use duplicate copies of Part III if addition		· 	. (-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held			
-		(e) Transfe	er of gift					
		1710 4	_					
-	Transferee's name, address, a	nd ZIP + 4	к	elationship of tran	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held			
-		(e) Transfe	er of aift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held			
_		(e) Transfe	er of gift					
	Transferee's name, address, a	nd 7IP ± 4	D	alationship of tran	nsferor to transferee			
	mansieree s name, address, ar	III ZIF + 4	n	elationship of trai				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desci	ription of how gift is held			
					_			
		(e) Transfe	er of gift					
	Tuerreference			alationskin - ft	safayay ka kususafayya			
-	Transferee's name, address, a	na ZIP + 4	R	elationship of trar	nsferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED PALESTINIAN APPEAL TNC. **Employer identification number** 11-2494808

Pai	t I Organizations Maintaining Donor Advise	· · · · · · · · · · · · · · · · · · ·	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			··· p
	, ,	(a) Donor advised funds	(b) Fun	ds 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 v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	ied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation eas	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easemer	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	*		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	-		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organizat	ion's accounting for
Da	conservation easements.	f Aut Historical Transcruss on Ot	har Cimil	au Accata
Pai		-	ner Simili	ar Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	,	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	ilic service, p	brovide the following amounts
	relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			\$
0	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre	•	yanı, provid	C
_	the following amounts required to be reported under SFAS 1		> :	1
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSOCIS INCIDUCED III I OHIII SSU, FAILA		🖊 🔻	Ψ

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

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 UNITED F	ALESTINIA	N API	PEAL,	INC.		11-2	2494808	Page 2
	rt III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tı	reasures, o	or Other			
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following tha	at are a sign	ificant use of	its collection if	tems
	(check all that apply):								
а	Public exhibition	d		oan or exc	change progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	n how the	ey further t	the organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical trea	asures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be mai	ntained as part of tl	he organ	nization's c	ollection?			Yes	No_
Pai	rt IV Escrow and Custodial Arrang		te if the	organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	contributio	ns or other as	sets not inc	cluded		
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if	the organization an	swered "	'Yes" on F					
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back (d)	Three years ba	ick (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that	t are held a	and administe	ered for the	organization	_	
	by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat				?			3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.					
Pai	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered				1				
	Description of property	(a) Cost or ot			t or other		ımulated	(d) Book v	alue
		basis (investm	nent)		(other)	depre	ciation	0.4	0.4.0
	Land				34,840.	1 ^	4 1 4 E		840.
	Buildings				4,522.	Τ0	4,145.		,377.
	Leasehold improvements				27,417.		9,414.		717
	Equipment				8,345.		8,628.		717.
е	Other	.		4	10,490.	3	5,391.	5 ,	,099.

Schedule D (Form 990) 2015

268,036.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Dort VII Investme	anta C	Hhar Caguri	tico	
Schedule D (Form 990) 2	2015	ONTIED	PATESITIVAN	AFFE

(a) Description of security or category exclusive year-warket value (f) Francial advantations. Cost or end-of-year market value (f) Graduations. Graduations. Cost or end-of-year market value (f) Graduations. Graduations. Graduations. Cost or end-of-year market value (f) Graduations. Graduations. Graduations. Graduations. Graduations. Graduations. Graduat	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990	, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
	(1) Financial derivatives				
(3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
(B) (C) (C) (D) (E) (F) (G) (G) (G) (H) (F) (F) (G) (G) (G) (G) (F) (F) (F) (G) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(G) (C) (D) (E) (E) (F) (G) (G) (G) (F) (G) (G) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •				
CC CC CC CC CC CC CC C					
(E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(E) (F)					
(G) (G) (H) Total. (Col., (b) must equal Form 930, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part X, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
(G) (H) Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part Will Investments - Program Related.					
Cotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(F)				
Total. (20). (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	(G)				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f)	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (d) G) (e) G) (f) G) G) (g) G)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f)	Part VIII Investments - Program Related.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f)	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990	, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. (a) Description (b) Book value	(a) Description of investment		(c) Method of	valuation: Cost or en	d-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. (a) Description (b) Book value	(1)				<u> </u>
(9) (9) Total, (Col. (s) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. (a) Description (b) Book value					
(4) (5) (6) (7) (8) (9) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 9					
(5) (6) (7) (8) (9) (9) (1014. (Col. (t)) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX					
(7) (8) (9) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. (a) Description (b) Book value					
(8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (9) (9) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(6)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990	. Part X. line 15.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ≥ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X				,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					. ,
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII XIII					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, IIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII XIII					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote has been provided in Part XIII X	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See For	m 990, Part X, line 25	5.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	(a) Description of lightlife.	ľ			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	(9)				
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ►			
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footno	ote to the organization's	financial statements	that reports the
	organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	neck here if the text of the	ne footnote has been	provided in Part XIII X
	<u> </u>				

532053 09-21-15

16470414 757994 20245

· a	rt XI Reconciliation of Revenue per Audited Financial St				
	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	13,810,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-188,947.		
b					
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-188,947.
3	Subtract line 2e from line 1			3	13,999,026.
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	19,436.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	19,436.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)		5	14,018,462.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	^{2.)} Statements Wit		5	14,018,462.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) Statements Wit line 12a.	h Expenses per	5 Retu	14,018,462. urn.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) Statements Wit line 12a.	h Expenses per	5	14,018,462.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) Statements Wit line 12a.	h Expenses per	5 Retu	14,018,462. urn.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) Statements Wit line 12a.	h Expenses per	5 Retu	14,018,462. urn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) Statements Wit line 12a.	h Expenses per	5 Retu	14,018,462. urn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) Statements Wit line 12a. 2a 2b	h Expenses per	5 Retu	14,018,462. urn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2.) Statements Wit line 12a. 2a 2b 2c	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) Statements Wit line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.
Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2.) Statements Wit line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) Statements Wit line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2.) Statements Wit line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2.) Statements Wit line 12a. 2a 2b 2c 2d	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441. 0. 13,779,441.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2.) Statements Wit line 12a. 2a 2b 2c 2d 4a 4b	h Expenses per	5 Retu	14,018,462. Jrn. 13,779,441.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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.

Schedule D (Form 990) 2015	UNITED P.	ALESTINIAN	APPEAL,	INC.	11-2494808 Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	rmation (continu	ed)			
-					
-					

532055 09-21-15

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

						11 01010	0.0
	ITED PALESTIN					11-24948	
Pai			ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "	'Yes" on
1	Form 990, Part IV		maintain roos	ds to substantiate the amount of its gr	anta and other	accietance	
'				the selection criteria used to award the			Yes No
2	For grantmakers. Described States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
3	Activities per Region. (T			an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ee(s) in region	(f) Total expenditures for and investments in region
				GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,	
				LOCATED IN REGION.		EVELOPMENT,	
	DLE EAST AND		_	GRANTS TO ORGANIZATIONS AND	EDUCATION A		
NORT	TH AFRICA -	0	8	DONATIONS OF MEDICAL DRUGS	SPONSORSHIP	S	13,059,732.
MIDE	DLE EAST AND						
NORT	TH AFRICA -	0	8	PROGRAM TRAVEL			13,577.
NORT	rh america	0	1	PROGRAM SERVICES	PROGRAM ADM	INISTRATION	10,618.
3 a	Sub-total	0	17				13,083,927.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	17				13,083,927.

532071

Schedule F (Form 990) 2015

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

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		MIDDLE EAST AND		00.500				
		NORTH AFRICA -	COMMUNITY DEVELOPMENT	82,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	COMMUNITY DEVELOPMENT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		F0 000	MIDE EDINGEED	0		
		NORTH AFRICA -	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	17,100.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	EDUCATION	22 262	WIRE TRANSFER	0.		
		NORTH AFRICA -	EDUCATION	23,302.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	65,607.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	0.		12280015	MEDICINES	APPRAISAL
		101111111111111111111111111111111111111	THE THE MULTINE	· ·		12200013	1101011110	11111111111
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	50,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

8 0

Schedule F (Form 990) 2015

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash disbursement non-cash assistance cash grant non-cash assistance MIDDLE EAST AND 207,241.WIRE TRANSFER EDUCATION & SCHOLARSHIPS NORTH AFRICA 57 0.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	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

Schedule F (Form 990) 2015

Page **5**

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.

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 OUESTIONS 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	[, LINE 3, COL (F):	. т	, PART	F.	CHEDOPE
------------------------------------	---------------------	-----	--------	----	---------

EXPENDITURES ARE REPORTED BASED ON THE ACCRUAL ACCOUNTING METHOD.

SCHEDULE F, PART III, COL (C):

THE NUMBER OF INDIVIDUAL RECIPIENTS RECEIVING ASSISTANCE IS DETERMINED BY THE NUMBER OF SCHOLARSHIPS THE ORGANIZATION PROVIDED AND THE NUMBER OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGANIZATION.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public Inspection

Employer identification number

Schedule M (Form 990) (2015)

20245__1

	UNITED PALES	L'INTAN	I APPEAL,	INC.	11-2	4494	808	
Pa	t I Types of Property				•			
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermin	_	is
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	19,588.	NYSE FAIR M	IARK:	EΤ	VAL
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	2	12,280,015.	APPRAISAL			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82						0	
	· ·	, ,		<u> </u>			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
32a								
	contributions?		-	· · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which column (a) is ch	necked,			
•	describe in Part II.	(3)	71 1- 5-5	,	,			

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

532142 08-21-15 Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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.

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AND IN REFUGEE CAMPS.

UNITED PALESTINIAN APPEAL, INC.

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

Employer identification number 11-2494808

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 \$ 161,466. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

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

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) (2015)

532211 09-02-15

UNITED PALESTINIAN APPEAL, INC.	11-2494808
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 COMMITT	EE BEFORE
EMPLOYMENT CONTRACTS ARE CREATED. CONTRACT AND SALARY REQ	UIREMENTS ARE
BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT S	URVEYS,
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 10	23 AND 990
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AN	D 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 STAT	EMENTS AND
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	THE ANNUAL
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.	