Form <b>990</b>
Department of the Treasur

# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



The organization may have to use a copy of this return to satisfy state reporting requirements.

Interr	al Reve	enue Service	The organization may have to use a copy of this return to sati	isfy state r	eporting requirements.	Inspection
A F	or th	e 2011 calend	dar year, or tax year beginning and e	ending		
B C a	heck if pplicab	le: <b>C</b> Name o	of organization		D Employer identific	ation number
	Addre		ED PALESTINIAN APPEAL, INC.			
	Name Chang		Business As		11-24	494808
	Initial return			Room/suite	E Telephone number	
	Termi ated Amen	in- 1330	) NEW HAMPSHIRE AVENUE, NW 1	.04	(202	)659-5007
	_returr ]Appli	Gity or 1	town, state or country, and ZIP + 4		G Gross receipts \$	3,740,496.
	_tion pendi	WADI	HINGTON, DC 20036		H(a) Is this a group re	
		F Name a	and address of principal officer: SALEEM F. ZARU		for affiliates?	
				r 527	H(b) Are all affiliates incl	
			X 501(c)(3)       501(c) (       ) ◀ (insert no.)       4947(a)(1) or         HELPUPA • ORG			list. (see instructions)
_			X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile: NY
	nrt I	Summary				State of legal dominitie. IN I
	1		be the organization's mission or most significant activities: ${ m TO}$ AL	TEVIA	יקעור איי איי	ERING OF
Ce	· ·		INIANS; ESPECIALLY THOSE LIVING IN	THE W	EST BANK G	AZA STRIP
Activities & Governance	2		$\rightarrow$ $\rightarrow$ if the organization discontinued its operations or dispose			
ver	3				1 - 1	<sup>5615.</sup>
ß	4		dependent voting members of the governing body (rat vi, interna)			5
о Х	5		of individuals employed in calendar year 2011 (Part V, line 2a)			6
itie	6					2
Ę			of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12			0.
¥			I business taxable income from Form 990-T, line 34			0.
		Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		5,579,677.	1,855,364.
Revenue	9		ice revenue (Part VIII, line 2g)		0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		24,878.	101,366.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65.	1,213.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,604,620.	1,957,943.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		5,133,367.	827,354.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		334,361.	324,646.
nse	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			sing expenses (Part IX, column (D), line 25) <b>•</b> 107, 75	54.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		224,894.	237,567.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,692,622.	1,389,567.
	19		expenses. Subtract line 18 from line 12		-88,002.	568,376.
Net Assets or Fund Balances					ginning of Current Year	End of Year
sets	20	Total assets (	Part X, line 16)		3,128,002.	3,596,543.
d B	21	-	s (Part X, line 26)		9,751.	31,875.
Fun	22		fund balances. Subtract line 21 from line 20		3,118,251.	3,564,668.
Pa	irt II			•	-	-
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		I	Date
Here	SALEEM F. ZARU, EXECUT	IVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MARNETTE MYERS			if self-employed P00853724
Preparer	Firm's name <b>FRANK &amp; COMPANY</b> ,	P.C.	F	irm's EIN 🕨 54–1156733
Use Only	Firm's address 🔊 1360 BEVERLY ROA	D, SUITE 300		
	MCLEAN, VA 22101		F	Phone no. $703 - 821 - 0702$
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
132001 01-2	23-12 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) UNITED PALESTINIAN APPEAL, INC.	11-2494808	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		[
1	Briefly describe the organization's mission: UNITED PALESTINIAN APPEAL, INC. (UPA) IS A UNITED STA	ATES NON-PROFIT	Γ.
	NON-POLITICAL, TAX EXEMPT CHARITY COMMITTED TO PROVID		- /
	SERVICES TO IMPOVERISHED PALESTINIANS RESIDING IN THE		AZA
	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	Yes	v
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		; [A]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	int of grants and allocations	to
4-	others, the total expenses, and revenue, if any, for each program service reported.         (Code:       ) (Expenses \$ 74,261. including grants of \$ 26,300.)		
4a	(Code:) (Expenses \$ 74,261. including grants of \$ 26,300.) ( HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MID-TE		RM
	HEALTH PROJECTS INCLUDING MOBILE CLINICS, AS WELL AS		
	INCLUDING: EMERGENCY FOOD DISTRIBUTION, MEDICAL VISIT		
	PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIA	NS IN THE WEST	C
	BANK, GAZA STRIP, AND LEBANESE REFUGEE CAMPS.		
41-	(Code: )(Expenses \$ 752,031. including grants of \$ 652,402.)		
4b	(Code:)(Expenses \$ 752,031. including grants of \$ 652,402.) ( EDUCATION AND SCHOLARSHIPS - FINANCIAL ASSISTANCE PRO		7
	PALESTINIAN STUDENTS WHO ARE LIVING IN OR INTEND TO F	RETURN TO	
	PALESTINE; AS WELL AS VOCATIONAL TRAINING AND INFRAST	RUCTURAL	
	IMPROVEMENTS TO EDUCATIONAL CENTERS.		
4c	(Code:) (Expenses \$ 95,025. including grants of \$ 67,163.)	(Revenue \$	
	COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBU		
	REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES; A		
	ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND THE IMPI	JEMENTATION OF	
	MICROENTERPRISE AND EMPLOYMENT PROJECTS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 222,985 • including grants of \$ 81,489 •) (Revenue \$	)	
4e	Total program service expenses ► 1,144,302.	,	
32002		Form <b>9</b>	990 (20
2-09-	2		
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Forn	n 990 (2011)	UNITED	PALESTINIAN	APPEAL,	INC.
Pa	rt IV Checkli	st of Required Sc	hedules		
1	Is the organization If "Yes," complete		1 501(c)(3) or 4947(a)(1) (	other than a priv	vate foundation)?
2	Is the organization	on required to complete	e Schedule B, Schedule	of Contributors?	
3	•	tion engage in direct or 'Yes " complete Sched	• •	ign activities on	behalf of or in opposition to ca

Yes No

I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
,	Lette an a single and the second de D. Schodula of Constributors	2	x	
-	Did the organization required to complete Schedule B,	~	- 23	
•	public office? If "Yes," complete Schedule C, Part I	3		x
ŀ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
;	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
,	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
;	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
)	Did the organization report an amount in Part X, line 21; 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
)	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
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
~	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
Pa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		37	
_	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
1-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
n	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

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4 2011.03010 UNITED PALESTINIAN APPEAL, 20245\_\_1

UNITED	PALESTINIAN	APPEAL,	INC.
cklist of Required Sc	hedules (continued)		

Form	1990 (2011) UNITED PALESTINIAN APPEAL, INC. 11-2494	808	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ũ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
01		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f "Yes," complete	01		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a		35a		X
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of	554		<u> </u>
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
26	Section 512(b)(13)? If res, complete Schedule A, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		- **
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 11
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		31		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form 990 (2011)

eserves on hand			130				
eceive any paymen	ts for indoor tanning services	during the tax	year?		14a	X	
Form 720 to report	these payments? If "No," pro	vide an explan	ation in Schedule O		14b		
					Form <b>99</b>	<b>O</b> (2011)	
		5					
20245	2011.03010	UNITED	PALESTINIA	N APPEAL,	2024	51	

1a       Enter the number of Porms W-2G included in line 1a. Enter -0 if not applicable       1a       5         b       Enter the number of Porms W-2G included in line 1a. Enter -0 if not applicable       1b       0         c       Did the organization comply with backup withholding uides for reportable payments to verders and reportable gaming (gambing) winnings to prize winners?       1c       1c         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return       2a       6         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       3a       3a         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b         3b       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b         3c       Did the organization have an abank account; securities account; or other financial account?       4a       X         3c       Was the organization have annual gross receips that are normably greater than \$100,000, and did the organization security?       5a         3c       Was the organization have annual gross receips that are normably greater than \$100,000, and did the organization secies annual gross receips that are normably greater than \$100,000, and did the organization secive annual gross receips	
1a       Enter the number of Porms W-2G included in line 1a. Enter -0 if not applicable       1a       5         b       Enter the number of Porms W-2G included in line 1a. Enter -0 if not applicable       1b       0         c       Did the organization comply with backup withholding uides for reportable payments to verders and reportable gaming (gambing) winnings to prize winners?       1c       1c         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return       2a       6         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       3a       3a         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b         3b       Dif the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b         3c       Did the organization have an abank account; securities account; or other financial account?       4a       X         3c       Was the organization have annual gross receips that are normably greater than \$100,000, and did the organization security?       5a         3c       Was the organization have annual gross receips that are normably greater than \$100,000, and did the organization secies annual gross receips that are normably greater than \$100,000, and did the organization secive annual gross receips	No
b       Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable       10	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, [ga]       6         b If at least one is reported on line 2a, did the organization fielal required fearel 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)       3a       3a       3a         b If ves, 'ns file de 3 form 90-7 for this year?       3a       3a       3b       4a         4 At any time during the calendar year, did the organization have an interest in, or a signature or other autothy over, a financial account; sourthis securits account, or other financial account;       4a       X         b If 'ves, ' enter the name of the foreign country (such as a bank account, securits account, or other financial account;       5a       5a         SW Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a         P Ud any taxable party notify the organization file form 888-17?       5c       5a         D If ves, 't did the organization neckes of \$5' made party as a contributions or gifts were not tax deductible?       6a       6a         P U'ryes, 't did the organization ne	
gambling) winnings to prize winners?       1c         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the calendar year ending with or within the year covered by this return       2a       6         b       If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?       2b       X         a that the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         b       If "Yes," has it filed a Form 990-T for this year? /fi "No," provide an explanation in Schedule O       3b       3a         4       At any time during the calendary ser, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. IP SWITZERLAND       3a       3b         5e       introisin account in a foreign country. (such as a bark account, securities account, or other financial Accounts.       5a         5a       Was the organization a party to a prohibited tax shelter transaction 7.       5b       5c         61       Yes, 'to line 5a or 5b, did the organization file Form 888617?       5a       5c         6a       If "Yes,' to did the organization net/we avail east shelter transaction solitt any contributions that are normally greater than \$100,000, and did the organization solitt any contributions that are normally greater than \$100,000, and did the organization solitt we ere not tax deductible?       5a         7	
2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return       2a       6         2b       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)       3a       3a         1d       the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a         2b       If the reganization have unrelated business gross income of s10,000 or more during the year?       3a         2b       If 'Yes, ' has it filed a Form 990-T for this year? If 'No, ' provide an explanation in Schedule 0       3b         4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other stancolan cocount; or other financial account?       4a       X         b       If 'Yes, ' enter the name of the foreign country; LNE SVITTZERLAND       Se       5a       5a         5a       Use any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5b       5c       5a         6a       Uf 'Yes, ' did the organization need we they every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       5a	
tied for the calendar year ending with or within the year covered by this return 2a 6   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X   Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a   3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a   b If "Yes," has it filed a Form 900-T for this year? If "No," provide an explanation in Schedule O 3a 4a   X at y 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 be SWTZERLAND 3a 4a X   b If "Yes," that the during the calendar year, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a 4a X   b Uf any taxable party notify the organization flat if was or is a party to a prohibited tax shelter transaction? 5c 5c   6a 5c 5c 5c 5c   6a 6b 5c 5c 5c   6a 5c 5c 5c 5c   6a 6b 5c 5c 5c   7 5c attrany contributions	
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- <i>file</i> (see instructions)       3a         b       If 'Yes, '' has it file a Form 990. T for this year? /f 'No, ' <i>provide an explanation in Schedule O</i> 3b         c       If 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       X         b       If 'Yes, ' enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts.       5a         See instructions for filing requirements for Form TD F 90.22.1. Report of Foreign Bank and Financial Accounts.       5a         c       If 'Yes,'' enter the name of the torganization file Form 8866-17       6a         G       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solit were not tax deductible?       5b       1c         7       Organization necule a pument in excess of \$75 made party as a contribution and party for goods and services provided to the paro?       7a         b       If 'Yes,'' did the organization necule with every solictation an express statement that such contributions or gitts were not tax deductible?       7b       7a         7       O	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4- <i>file</i> (see instructions)       3a         3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a         bif 'Yes, 'is at filed a Form 990.T for this year?       3a         bif 'Yes, 'is at filed a Form 990.T for this year?       3a         bif 'Yes, 'is the during the calendar year, did the organization have an interest in, or a signature or other financial account?       4a         bif 'Yes, 'is there the name of the foreign country.       SWIT2ERLAND         See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.       5a         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a         bif or services are organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       5a         7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the layer?       7a         7b       If 'Yes,'' indicate the number of Forms 8282? filed during the year       7d         7c       7d       7c         7d       Toganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the layer?       7a         7b       Dif the organizat	
3a       3a         3b       1f "Yes," has it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O       3b         3b       3b       3b         3c       3b       3b         3c       3c       3b         3c       3c       3b         3c       3c       3c         3c       3c       3c <td></td>	
b       If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0       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, second, or other financial account?       4a       X         b       If "Yes," enter the name of the foreign country. ► SWITZERLAND       See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a         5a       Was the organization a party to a prohibited tax schelter transaction at any time during the tax year?       5a         5b       Did any taxable party notify the organization file Form 8886-T?       5c         6a       Does the organization nare annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a         7       Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a         7       Organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a         7       Did the organization neceive any fundis, directly or indirectly, to ay premiums on a personal benefit contract?       7c         7       Did the organization eceive any fundis, directly or indirectly, to ay premiums on a personal benefit contract?       7f	Х
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       X         b If "Yes," enter the name of the foreign country: <b>SWITZERLAND</b> 5a       5a         See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5b         5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a         b Did any tenchive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         7b Did the organization neceive any time during the year       Td       7c         7c Id the organization receive any time during the year       Td       7d         7 b Did the organization receive any time during the year       Td       7d         7 b Did the organization receive any funds, directly or indirectly, to pay premium	
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See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b Did any taxable party notify the organization file Form 8886-T?       5b         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       5c         6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organization receive a payment in excess of 357 made partly as a contribution and partly for goods and services provided to the payor?       7a         b If 'Yes,' did the organization nective a payment in excess of 1370 made partly as a contribution and partly for goods and services provided to the payor?       7a         b If 'Yes,'' did the organization receive a payment in excess of 1370 made partly as a contribution and partly for goods and services provided?       7b         c Did the organization receive a payment in excess of 140 gible personal property for which it was required to file Form 8282?       7c         d If 'Yes,'' nolicate the number of Forms 8282 filed during the year       7d       7c         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       7g         f H the organization received a contribution of qualified in	
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c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       6a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7a         b       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7d	X
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b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         n       f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and the organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations maintaining donor advised funds.       9b         10       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       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.)       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <t< th=""><th>37</th></t<>	37
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nor a donor advised funds.       7h         8       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       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	<u>X</u>
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f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9 Sponsoring organizations maintaining donor advised funds.       9a         a Did the organization make any taxable distributions under section 4966?       9a         b Did the organization fees and capital contributions included on Part VIII, line 12       10a         a Gross income from members or shareholders       10b         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	X
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the organization make any taxable distributions under section 4966?       9a         9       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Gross income from members or shareholders       11a       11a       11b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
8       Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the organization make any taxable distributions under section 4966?       9a         b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
b       Did the organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
10       Section 501(c)(7) organizations. Enter:         a       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       10b         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?	
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?	
a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
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?	
amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a	
<b>b</b> 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.	
a Is the organization licensed to issue qualified health plans in more than one state? 13a	
<b>Note.</b> 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       13b	
organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c	
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a	х
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	

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Form 990 (2011) Part V

UNITED PALESTINIAN APPEAL, INC. Statements Regarding Other IRS Filings and Tax Compliance

11-2494808 Page 5 UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page 6

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" rea	sponse
	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 to any question in this Part VI

<b>Y</b>
- <b>^</b>

					Yes	No
1a Ei	nter the number of voting members of the governing body at the end of the tax year	1a	'	7		
	there are material differences in voting rights among members of the governing body, or if the governing					
bo	bdy delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b Ei	nter the number of voting members included in line 1a, above, who are independent	1b		5		
<b>2</b> D	id any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
of	ficer, director, trustee, or key employee?			2		Х
<b>3</b> D	id the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision			
of	officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
<b>4</b> Di	id the organization make any significant changes to its governing documents since the prior Form §	990 wa	as filed?	4		Х
5 D	id the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6 D	id the organization have members or stockholders?			6		Х
<b>7a</b> D	id the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or			
	ore members of the governing body?			7a		X
b A	re any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
•	ersons other than the governing body?			7b		X
<b>8</b> Di	d the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
	ne governing body?			8a	X	
b Ea	ach committee with authority to act on behalf of the governing body?			8b	Х	
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sectio	on B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	id the organization have local chapters, branches, or affiliates?			10a		Х
	"Yes," did the organization have written policies and procedures governing the activities of such cl	-				
	nd branches to ensure their operations are consistent with the organization's exempt purposes? $_{}$			10b		
	as the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the form?	11a	Х	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.					
	•			12a	X	
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe		37	
	Schedule O how this was done			12c	X	
	id the organization have a written whistleblower policy?			13	X	
	id the organization have a written document retention and destruction policy?			14	X	
	id the process for determining compensation of the following persons include a review and approva		ndependent			
•	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	ne organization's CEO, Executive Director, or top management official			15a	X X	
	ther officers or key employees of the organization			15b	Λ	
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	with a	10		Х
	xable entity during the year?			16a		~
	"Yes," did the organization follow a written policy or procedure requiring the organization to evalua		•			
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	nís	101		
	kempt status with respect to such arrangements?			16b		
	on C. Disclosure					
	st the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ DC , NY			e vellek		
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Seci	10n 501(c)(3)\$ 0niy)	availad	ne	
τα Γ	r public inspection. Indicate how you made these available. Check all that apply.					
L 10 D		offict	of interest nelless	nd fire a		
	escribe in Schedule O whether (and if so, how), the organization made its governing documents, co	JUIICT	or interest policy, a	iu inar	icial	
	atements available to the public during the tax year.	nd	ordo of the every !-	ntion. N		
	tate the name, physical address, and telephone number of the person who possesses the books an INTED PALESTINIAN APPEAL, INC. – 202–659–5007	na rec	orus of the organiz	acion:		
	330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHIN		N, DC 200	136		

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII Image: Compensated Schedule O Contains a response to any question 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(describe	irecto						the	organizations	compensation
	rolated	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10100)		and related
	(describe hours for related organizations in Schedule O)	dual 1	In stitutional trustee	-	Key employee	Highest compensated employee	ъ			organizations
	O)	Indivi	Institu	Officer	Key e	Highe	Former			C C
(1) GEORGE SALEM										
TREASURER	2.00	X		Х				0.	0.	0.
(2) ISAM SALAH										
SECRETARY	4.00	X		Х				0.	0.	0.
(3) DR. MOHAMMAD TARBUSH										
CHAIRMAN	1.00	X						0.	0.	0.
(4) AFAF NASR AJLOUNY										
DIRECTOR	1.00	X						0.	0.	0.
(5) MAHA FREIJ										
DIRECTOR	1.00	X						0.	0.	0.
(6) DR. NAJAT KHELIL										
DIRECTOR	1.00	X						0.	0.	0.
(7) G.F. JOEY MUSMAR										
DIRECTOR	1.00	X						0.	0.	0.
(8) SALEEM ZARU										
EXECUTIVE DIRECTOR	40.00			Х				43,846.	0.	2,635.
132007 01-23-12						7				Form <b>990</b> (2011)

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7 2011.03010 UNITED PALESTINIAN APPEAL,

Somported on the two organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Did any person listed on gravitation for the calendar year ending with or within the organization or individual for services       5       X         6       Organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         (A)       NONE       Description of services       Compensation         (A)       NONE       Description of services       Compensation         (A)       NONE       Description of services       Compensation         2       Total number of independent contr	Form	990 (2011) UNITED PA									11-2	494	808	Pa	age <b>8</b>
Name and title       Average week (description in School and Organization in School and interval and interval and interval and organization in School and interval and interval and Organization in School and interval and interval and Organization in School and interval and interval and related organization interval and interval and interval interval and interval and interval interval and interval and interval interval and interval and interval interval and interval interval and interval interval and interval interval and interval interval and interval interval interval interval and interval interval interval and i	Par			nplo	oyee			ligh	est					(5)	
hours for organization in Schedule 0       interm the organization is Schedule 0       organization is Schedule 0       organization is Schedule 0       (W27099-MISC)       (W27109-MISC)       interm the organization is Schedule 0         Image: Schedule 0       Image: Schedu			Average hours per week	box offic	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	on d	ar	stimate nount other	of
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000			hours for related organizations in Schedule	Individual trustee or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	, v		fi org an	rom the Janizati d relate	e ion ed
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000															
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000															
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000															
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000															
c       Total from continuation sheets to Part VII, Section A       0.0000       0.00000       0.00000       0.000000       0.000000       0.0000000       0.00000000       0.00000000000000000000000000000000000															
d Total (add lines 1b and 1c)       43,846.       0.       2,635         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       Yes       No         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete staddress       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2       Compensation	1b	Sub-total	I				I			43,846.				2,6	35.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes No     Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual     For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual     Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services     rendered to the organization? If "Yes," complete Schedule J for such person     Section B. Independent Contractors     (A)     (B)     (C)     (C)     Name and business address     NONE     Description of services     (A)     (B)     (C)														2,6	0. 35.
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       2		Total number of individuals (including but n							סר or	eceived more than \$100	),000 of reportab	le			0
Ime 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         None       Description of services       Compensation         2       None       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1		· · ·										1		Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       NONE       Description of services       Compensation         0       Name and business address       NONE       Compensation       Compensation         1       Total number of independent contractors (including but not limited to those listed above) who received more than       4       X	3	<b>c</b>				•	•			<b>c</b> .			3		x
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       One person       Image: Section B independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       Image: Section B independent compensation for the calendar year ending with or within the organization of services       Compensation         Image: Section B independent contractors independent contractor	4												4		Х
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services         Compensation       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services				x
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation       Compensation         Image: Compensation of the calendar year ending with or within the organization of services       Image: Compensation       Compensation         Image: Compensation of the calendar year ending with or within the organization of services       Image: Compensation       Compensation         Image: Compensation of the calendar year ending with or within the organization of services       Image: Compensation       Image: Compensation         Image: Compensation of the calendar year ending with or within the organization of services       Image: Compensation       Image: Compensation         Image: Compensation of the calendar year ending with or within the organization of services       Image: Compensation       Image: Compensation         Image: Compensation of the calendar year ending with organization of the calendar year ending with organization of the calendar year ending with organization       Image: Compensation       Image: Compensation         Image: Compensation of the calendar year ending with organization       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compen	Sec			201	01 30	ucn	Dera	<u>.</u>					5		
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	1											npens	ation	from	
		(A)								(B)	-	С			n
\$100,000 of compensation from the organization ► 0 Form <b>990</b> (201 <sup>-</sup>	2		-	ot lii	mite	d to		~	stec	d above) who received n	nore than		Eorm	900 //	2011)

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Form 990 (20	)11)
Dort VIII	<b>C</b> 1

# UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 9

га		Statement of Rever	lue					
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	1a	35,267.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		-				
Ŭ ŭ		Fundraising events						
Ξ.		Related organizations						
a, s		Government grants (contribut						
<u>s</u> i		All other contributions, gifts, gran	· ·					
but	•	similar amounts not included abo		820,097.				
Ē	a	Noncash contributions included in lines	1a-1f:\$	769,362.				
aŭ	•	Total. Add lines 1a-1f			1,855,364.			
-				Business Code				
ø	2 a			Bueineee eeue				
Ś	b							
Program Service Revenue	c	-						
an an an	d							
р Б С	e							
Pre		All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	-	other similar amounts)	-		55,828.			55,828.
	4	Income from investment of tax			,			
	5	Royalties		-				
	-		(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory	1828091.					
	h	Less: cost or other basis			-			
		and sales expenses	1782553.					
	c	Gain or (loss)	1					
		Net gain or (loss)		•	45,538.			45,538.
		Gross income from fundraisin						
nue	0 4	including \$						
eve		contributions reported on line						
Ř.		Part IV, line 18	,					
Other Revenue	b	Less: direct expenses						
Ó		Net income or (loss) from func		►				
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		<b>&gt;</b>				
Ī		Miscellaneous Revenu		Business Code				
ŀ	11 a	OTHER INCOME		900099	1,213.	1,213.		
	b					-		
	c							
		All other revenue						
		Total. Add lines 11a-11d			1,213.			
	12	Total revenue. See instructions.			1,957,943.	1,213.	0.	101,366.
13200 01-23	9 •12							Form <b>990</b> (2011)

9

15580312 757994 20245 2011.03010 UNITED PALESTINIAN APPEAL, 20245\_1

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Diete columns (B), (C), and (D).				
	Check if Schedule O contains a response	(Å)	is Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	827,354.	827,354.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.6.4.0.4	10 (75	10 11 5	
	trustees, and key employees	46,481.	12,675.	18,116.	15,690.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	200 622	142 002	40 077	22 762
7	Other salaries and wages	209,633.	143,893.	42,977.	22,763.
8	Pension plan accruals and contributions (include	5,511.	3,582.	1,209.	720.
•	section 401(k) and section 403(b) employer contributions)	44,083.	28,653.	9,668.	5,762.
9 10	Other employee benefits	18,938.	11,570.	4,521.	2,847.
11	Payroll taxes Fees for services (non-employees):	10,550.	±±,5,0•		2,01/0
	Management				
	Legal				
	Accounting	30,661.		30,661.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	70,869.	55,671.	10,975.	4,223.
12	Advertising and promotion	40,454.		179.	40,275.
13	Office expenses	42,440.	29,997.	8,692.	3,751.
14	Information technology	9,304.	2,282.	770.	6,252.
15	Royalties			10	
16	Occupancy	25,136.	16,338.	5,513.	3,285.
17	Travel	2,314.	1,667.	647.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51.			<b>E</b> 1
19	Conferences, conventions, and meetings	.16			51.
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	16,338.	10,620.	3,583.	2,135.
22 23	F	10,350.	10,020•	5,505.	2,133.
23 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.) ´				
a h					
b					
c d					
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,389,567.	1,144,302.	137,511.	107,754.
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)				
12201	0 01-23-12				Form <b>990</b> (2011)

132010 01-23-12

15580312 757994 20245

10 2011.03010 UNITED PALESTINIAN APPEAL, Form 990 (2011)

20245\_1

Form 990 (	2011	)	
Part X	Ba	ance	Sheet

#### (A) (B) Beginning of year End of year 2,786. 2,786. 1 1 Cash - non-interest-bearing 872,763. 1,058,897. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 Receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net 7 263,617. 4,157. Inventories for sale or use 8 8 12,271. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 469,526. basis. Complete Part VI of Schedule D ....... 10a 141,141. 318,054. 328,385. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 1,930,387. 1,930,042. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 Ο. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 200. 200. Other assets. See Part IV, line 11 15 15 3,128,002. 3,596,543. 16 Total assets. Add lines 1 through 15 (must equal line 34) .... 16 9,751. 12,775. 17 17 Accounts payable and accrued expenses 19,100. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 \_iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 9,751. 31,875. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,902,849. 3,317,057. 27 27 Unrestricted net assets 215,402. 247,611. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,118,251. 3,564,668. 33 33 Total net assets or fund balances 3,596,543. 3,128,002. 34 Total liabilities and net assets/fund balances 34

Form 990 (2011)

 $15580312 \ 757994 \ 20245$ 

Form	1 990 (2011) UNITED PALESTINIAN APPEAL, INC.	11-249	4808	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,957		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,389		
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,118		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-121		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,564	1,6	68.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	$\top$		_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
			Form S	<b>990</b> (2	2011)

	DULE A	Pub	lic Charity St	atus a	and P	ublic	Supp	ort		OMB No.	1545-00	47
(Form 99	90 or 990-EZ)		te if the organization is							20	77	
Department o	of the Treasury	Comple	4947(a)(1) no				uon or a s	ection		Open to	o Publ	ic
Internal Reve		► At	tach to Form 990 or Fo	-			instructio	ons.		•	ection	
Name of	the organizati	on						E	mployer	identificati	on nu	mber
			PALESTINIAN						1	1-2494	808	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	I through <sup>-</sup>	11, check	only one b	ox.)					
1 🖂	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2			0(b)(1)(A)(ii). (Attach Sc									
3 🛄	•		tal service organization of									
4 📖			operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter 1	the hospital	's nam	ıe,
	city, and stat											
5 📖			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
•		(b)(1)(A)(iv). (Comple	-									
6 🛄 - 🔽	-		ent or governmental unit									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	ribed i	n
•		b)(1)(A)(vi). (Comple										
8			ection 170(b)(1)(A)(vi).				hudiana m				:-+-	f
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa axable income (less sect									
		509(a)(2). (Complete		lon Jin la	x) 110111 Du	511105505	acquired b	y the orga	Inization		50, 197	J.
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	N				
11			perated exclusively for the						v out the	nurnoses (	of one	or
	•	•	itions described in section							• •		01
			organization and comple				.,		-,,-,			
	а 🗌 Туре I			: 🗌 Тур			tearated		d	] Type III - (	Other	
е 🗌	• •		t the organization is not					r more dis	qualified	persons oth	her tha	ın
			han one or more publicly									
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	is box									
g	Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	described i	in (ii) and (	iii) below	,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
			n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	e?					<b>11g(iii)</b>		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		i	(iii) Type of					(11)	4400			
	e of supported	(ii) EIN	(iii) Type of organization		organization sted in your	(v) Did you organizat		(vi) Is organizatio	on in col I	(vii) An		f
org	anization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the 🛛	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes		Yes				
				Tes	NO	Tes	No	Tes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

Total

132021 01-24-12

## Schedule A (Form 990 or 990-EZ) 2011 UNITED PALESTINIAN APPEAL, INC.

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.)

11-2494808 Page 2

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	722,550.	1061629.	1356972.	5579677.	1855364.	10576192.
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 $\dots$						
4	Total. Add lines 1 through 3	722,550.	1061629.	1356972.	5579677.	1855364.	10576192.
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)						
	Public support. Subtract line 5 from line 4.						10576192.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	722,550.	1061629.	1356972.	5579677.	1855364.	10576192.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	146,049.	97,961.	45,653.	33,722.	55,828.	379,213.
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 IV.)					1,213.	1,213.
11	Total support. Add lines 7 through 10						10956618.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0.0	organization, check this box and stor	bhere					
	ction C. Computation of Publ						06 52
	Public support percentage for 2011 (					14	96.53 % 95.88 %
	Public support percentage from 2010					15	
16a	<b>33 1/3% support test - 2011.</b> If the c	-					
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2010.</b> If the c						
	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		-		•	•	
	meets the "facts-and-circumstances"	•	•		•		
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		*
18	organization meets the "facts-and-circ Private foundation. If the organization						
10	i mate roundation. In the organizatio			a, 100, 17a, 01 17k			) or 990-EZ) 2011
					00110		

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#### 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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(6	e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and				1			
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year					-		
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
		(-) 0007	(1) 0000	(1) 0000	(-1) 0010	,	10011	(A.T. · ·
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	(b) 2008	(c) 2009	(d) 2010	(6	e) 2011	<b>(f)</b> Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(	c)(3) organiz	ation,
	check this box and stop here							<b>&gt;</b> L
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2011 (I	ine 8, column (f) d	livided by line 13,	column (f))		15		
	Public support percentage from 2010	Schedule A, Part	III, line 15			16		
16	tion D. Computation of Invest	stment Incom	e Percentage	·				
			mn (f) divided by li	ne 13, column (f))		17		
Sec	Investment income percentage for 20	11 (line 10c, colui	nn (i) aividea by ii					
Sec <sup>.</sup> 17	Investment income percentage for 20					18		
Sec 17 18	Investment income percentage for <b>20</b> Investment income percentage from <b>2</b>	2010 Schedule A,	Part III, line 17				%, and line 1	7 is not
<b>Sec</b> 17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2011. If the	2010 Schedule A, organization did r	Part III, line 17	on line 14, and lin	e 15 is more than	33 1/39		
Sec 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2010. If the	2010 Schedule A, organization did r nd stop here. The organization did r	Part III, line 17 not check the box e organization qua not check a box of	on line 14, and lin lifies as a publicly n line 14 or line 19	e 15 is more than supported organi a, and line 16 is m	33 1/39 zation nore tha	n 33 1/3%, a	▶□ and
Sec 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	2010 Schedule A, organization did r and stop here. The organization did r ack this box and s	Part III, line 17 not check the box organization qua not check a box or <b>top here.</b> The org	on line 14, and lin lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organi: a, and line 16 is m as a publicly supp	33 1/39 zation hore tha ported c	n 33 1/3%, a organization	▶□ and ▶□
Sec 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2010. If the	2010 Schedule A, organization did r and stop here. The organization did r ack this box and s	Part III, line 17 not check the box organization qua not check a box or <b>top here.</b> The org	on line 14, and lin lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organi: a, and line 16 is m as a publicly supp <u>his box and see ir</u>	33 1/39 zation hore tha ported onstruction	n 33 1/3%, a organization ons	▶□ and ▶□

SCHEDULE	Α,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME	:	
			,		,				•			
OTHER IN	COM	5										
32024 01-24-12											ule A (Form 9	

# Schedule of Contributors

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

#### Name of the organization

Department of the Treasury

or 990-PF)

Name of the organizat	tion	Employer identification number
	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 

Caution. An organization 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Internal Revenue Service

OMB No. 1545-0047

Employer identification number

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$316,381.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-23	18		990, 990-EZ, or 990-PF) (2011)

2011.03010 UNITED PALESTINIAN APPEAL,

15580312 757994 20245

20245\_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	P
Name of organization	Employer identification number
UNITED PALESTINIAN APPEAL, INC.	11-2494808

Page 3

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

2011.03010 UNITED PALESTINIAN APPEAL, 20245\_1

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Name of orgai	nization		Employer identification number
JNITED Part III	PALESTINIAN APPEAL, I Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	ividual contributions to section 501(c)(7 the following line entry. For organizations	11-2494808 ), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year. (Enter this information once.) \$
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
- - (a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -			
-		(e) Transfer of gift	_
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
23454 01-23-12	2	20	Schedule B (Form 990, 990-EZ, or 990-PF) (201

2011.03010 UNITED PALESTINIAN APPEAL,

#### (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

OMB No. 1545-0047

**Open to Public** 

Inspection

1 1

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

Nam	e of the organization UNITED PALESTINIAN APP	FAL INC	Em	ployer identification numbe 11-2494808
Par				
Fai			ACCOL	<b>IIII3.</b> Complete li trie
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Eur	nds and other accounts
4				
1 2	Total number at end of year			
3 ⊿	Aggregate grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing the		fundo	
5	are the organization's property, subject to the organization's exclusiv			Yes No
6	Did the organization inform all grantees, donors, and donor advisors			
0	for charitable purposes and not for the benefit of the donor or donor			
	impermissible private benefit?		•	
Par				
1	Purpose(s) of conservation easements held by the organization (chec		10, 1110 7	1
•	Preservation of land for public use (e.g., recreation or education		cally imp	ortant land area
	Protection of natural habitat	Preservation of a certified	• •	
	Preservation of open space		Instone	Structure
2		convotion contribution in the form of a	concon	ation assement on the last
2	Complete lines 2a through 2d if the organization held a qualified consider of the tax year	servation contribution in the form of a	CONSERV	ation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
•	Total number of concernation accomente		2a	
	Total number of conservation easements			
b	Number of conservation easements on a certified historic structure in	actuded in (a)		
	Number of conservation easements included in (c) acquired after 8/1			
d	listed in the National Register	-	2d	
3	Number of conservation easements modified, transferred, released, e			L during the tax
5	year	stinguished, or terminated by the or	ganizatio	I during the tax
4	Number of states where property subject to conservation easement			
- 5	Does the organization have a written policy regarding the periodic mo			
Ŭ	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf			
7	Amount of expenses incurred in monitoring, inspecting, and enforcin	-		
8	Does each conservation easement reported on line 2(d) above satisfy		•	Ψ
U	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation ease			
5	include, if applicable, the text of the footnote to the organization's fin	-	-	•
	conservation easements.		organiza	tion 3 accounting for
Par	t III Organizations Maintaining Collections of Art, I	listorical Treasures. or Othe	er Simi	ar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		t and hal	ance sheet works of art
iu	historical treasures, or other similar assets held for public exhibition,	•		
	the text of the footnote to its financial statements that describes the			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		d halanci	e sheet works of art historics
D	treasures, or other similar assets held for public exhibition, education			
	relating to these items:		0011100,	provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treasures,			
-	the following amounts required to be reported under SFAS 116 (ASC	-	, provid	
а	Revenues included in Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
5			🖛	*
ΗΔ	For Paperwork Reduction Act Notice, see the Instructions for For	rm 990		Schedule D (Form 990) 201
LHA 13205 <sup>-</sup> 01-23-				
11-23-	12	21		

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2011.03010 UNITED PALESTINIAN APPEAL, 20245\_1

Sche		PALESTINIA							8 Page <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	reasures, o	or Other	Similar Asse	ets (conti	inued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	e following tha	t are a sigi	nificant use of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d	ĽЦι	_oan or exc	change progra	ams			
b	Scholarly research	е		Other					
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how th	ey further t	the organizati	on's exem	pt purpose in Pa	rt XIV.	
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	asures, or oth	er similar a	assets	_	
	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered '	"Yes" to Fe	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contributio	ns or other as	sets not in	ncluded	_	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:			· · · ·		
								Amount	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on F		21?				L	_ Yes	L No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete				1				
		(a) Current year	<b>(b)</b> Pr	rior year	(c) I wo year	's back (d	I) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
	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 cur	rent year end balanc	e (line 1o	g, column (	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the	organization	г	<u>, , , , , , , , , , , , , , , , , , , </u>
	by:								Yes No
	(i) unrelated organizations								
D	If "Yes" to 3a(ii), are the related organizations							. <b>3</b> b	
4 Dar	t VI Land, Buildings, and Equipm								
1 0			-			(2) ( 20			
	Description of property	(a) Cost or o basis (investn			t or other (other)		cumulated eciation	( <b>d)</b> Bool	k value
1-	Land				34,840.	depre		8	4,840.
	Land				54,522.	,	78,040.		<del>4,840.</del> 6,482.
	Buildings Leasehold improvements			<u>ц</u>	8,163.		2,615.		5,548.
				2	37,001.		60,486.		<u>6,515.</u>
	EquipmentOther				35,000.				5,000.
	Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum						8,385.
Total		gaar onn ooo, r art	.,	(2), 1110					990) 2011

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D	(Form 990) 2011
Dort VII	Invootmont

# UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 3

(a) Description of security or category			od of valuation:
(including name of security)	(b) Book value		of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)(G)			
(G) (H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►			
Part VIII Investments - Program Related. s	ee Form 990, Part X, li	ne 13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation:
(1)		Cost or end-c	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to		statements that reports the organization's liabil	ity for uncertain tax positions under
Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to <b>2.</b> Filv 48 (ASC 740). 132053 01-23-12	ee erganization e manoldi e	and organization of the organization of lidble	
01-23-12			Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 UNITED PALESTINIAN APPEAL,	INC.			11-	2494808	Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial Sta	temer	nts	0
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,957	,943.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,389	,567.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			,376.
4	Net unrealized gains (losses) on investments			4		-121	,959.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			,959.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			<u>,417.</u>
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Reve	nue per	Retur		
1	Total revenue, gains, and other support per audited financial statements				1	1,835	<u>,984.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-12	1,959	•		
b	Donated services and use of facilities	2b			_		
С	Recoveries of prior year grants	2c			_		
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d					-121	<u>,959.</u>
3	Subtract line 2e from line 1				3	1,957	<u>,943.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIV.)	4b			_		•
С	Add lines 4a and 4b						0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,957	<u>,943.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	enses pe			
1	Total expenses and losses per audited financial statements				1	1,389	,567.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a			_		
b	Prior year adjustments	2b			_		
С	Other losses				_		
d	· · · · · · · · · · · · · · · · · · ·				_		0
	Add lines 2a through 2d				2e	1,389	<u> </u>
3	Subtract line 2e from line 1				3	1,309	, 30/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	і. I					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
	Other (Describe in Part XIV.)	4b			-		0
	Add lines <b>4a</b> and <b>4b</b>					1,389	<u> </u>
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.)</i>				5	, 309	,507.
		line - 1			4 h		4. Devt
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2: Part XI, line 8: Part XII, lines 2d and 4b: and Part XIII, lines 2d and 4b. Also comple						4; Part
A. III)	ε ζ, παιτιλι, πιτε ο, παιτιλπ, πιτες ζυ από 40, άπο βάτι λπι, πιτες ζυ άπο 40, Also Combi		Dari LU Dro	viue ally a	uuuuona	ai inionnation.	

PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS

## UNDER FASB ASC 740. THE ORGANIZATION HAD NO LIABILITY FOR UNCERTAIN TAX

### POSITIONS.

Schedule D (Form 990) 2011

132054 01-23-12

24 2011.03010 UNITED PALESTINIAN APPEAL, 20245\_1

SCHEDULE F (Form 990)	Statem
Department of the Treasury	

# nent of Activities Outside the United States

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

Attach to Form 990. See separate instructions.



\_ No

Employer identification number

11-2494808

Internal Revenue Service Name of the organization UNITED PALESTINIAN APPEAL, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" Part I to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

2	Activitica ner Degion	(The following Dort I, line 2 table can be duplicated if additional appage is preded.)
3	ACTIVITIES DEL REGION.	(The following Part I, line 3 table can be duplicated if additional space is needed.)

e / tearrinee per riegiern (r					
(a) Region	<b>(b)</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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
			GRANTS TO RECIPIENTS	HEALTH AND WELFARE,	
			LOCATED IN REGION	COMMUNITY DEVELOPMENT,	
MIDDLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION AND	
NORTH AFRICA	0	0	DONATION OF MEDICAL DRUGS	SPONSORSHIP, CHILD	827,354.
3 a Sub-total	0	0			827,354.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			827,354.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2011

132071 01-23-12

UNITED PALESTINIAN APPEAL, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2011

Part II can be du	plicated if additional	space is needed.		-				
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	24,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	8,350.	WIRE TRANSFER	Ο.		
				,				
		MIDDLE EAST AND NORTH AFRICA	EDUCATION & SCHOLARSHIPS	31 500	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA		22 200	WIRE TRANSFER	0.		
		NORTH AFRICA	HEALTH & WELFARE	23,300.	WIRE IRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	CHILD SPONSORSHIP	6,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	COMMUNITY DEVELOPMENT	5,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	COMMUNITY DEVELOPMENT	29,813.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND	EDUCATION &					
			SCHOLARSHIPS	50,000.	WIRE TRANSFER	Ο.		
			recognized as charities by the					
			n 501(c)(3) equivalency letter			<u>} -</u>		<u>    10</u>
3 Enter total number of	otner organizations of	or entities				🕨		0

26

►

Schedule F (Form 990) 2011

Schedule F (Form 990)

UNITED	PALESTINIAN	APPEAL,	INC.	

11-2494808

Page **2** 

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		MIDDLE EAST AND	EDUCATION &					
			SCHOLARSHIPS	5,000.	WIRE TRANSFER	0.		
								FMV BASED ON
			EDUCATION & SCHOLARSHIPS	0.		179 037	BOOKS & CD-ROMS	AVERAGE WHOLESALE PRICI
		NORTH AFRICA	SCHOLARSHIPS	0.		475,057.	BOOKS & CD-ROMS	WHOLESALE FRICE

27

Schedule F (Form 990) 2011

# Schedule F (Form 990) 2011 UNITED PALESTINIAN APPEAL, INC.

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATION & SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA -	88	164,692.	WIRE TRANSFER	0.		

28

Page 3

11-2494808

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 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)	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (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? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 UNITED PALESTINIAN APPEAL, INC.	11-2494808 Page 5
Part V Supplemental Information	
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3 amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accour (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional info	ting method); and Part III, column
SCHEDULE F, PART I, LINE 2: IN ORDER TO INCREASE TRANSPARE	NCY 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 G	RANT FOR EACH
PROJECT. IN ORDER TO CREATE MORE TRANSPARENCY AND GET MORE	INFORMATION
OUT TO EACH PROJECT GRANT APPLICATION, UPA UPDATED THE APP	LICATION TO
INCLUDE NINE SPECIFIC QUESTIONS THAT WOULD BE USED TO EVAL	UATE THE
APPLICATION, SUCH AS "IS THE PROJECT SUSTAINABLE?" AND "DO	ES THE PROJECT
BUILD CAPACITY?" THIS MADE IT EASIER TO OBJECTIVELY WEIGH	PROJECT GRANT
APPLICATIONS AGAINST EACH OTHER, AND ALL THOSE QUESTIONS W	ERE INCLUDED IN
THE RUBRIC UPA CREATED. OTHER FACTORS UPA TOOK INTO ACCOUN	T WHEN
POSSIBLE, WERE EACH ORGANIZATION'S STRUCTURE AND EFFICIENC	Ү,
RESPONSIVENESS, AND REPORTING QUALITY IF UPA HAD WORKED WI	TH THEM BEFORE.

SCHEDULE F, PART I, LINE 3: ACCRUAL BASIS

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: HEALTH AND WELFARE, COMMUNITY

DEVELOPMENT, EDUCATION AND SPONSORSHIP, CHILD SPONSORSHIP

SCHEDULE F, PART III, COL (C): THE NUMBER OF SCHOLARSHIPS PROVIDED.

132075 01-23-12

# SCHEDULE L

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization								Employe			umber
UNI	TED PA	LESTI	NIAN A	APPEAL,	INC.			11-24	9480	8	
					n 501(c)(4) organizatic line 25a or 25b, or Fo			rt V line 4(	b		
1			OITTOITT	990, Faitiv,				11 V, 1110 40	<i>.</i>	(c) Con	rected?
(a) Name of disc	qualified pers	son			(b) Description	of transa	action			Yes	No
2 Enter the amount of tax impo	osed on the o	organizatior	n manager	s or disqualifi	ed persons during the	e year un	Ider				
								🕨 \$			
3 Enter the amount of tax, if an	ny, on line 2,	above, rein	nbursed by	y the organiza	ation			🕨 \$			
Part II Loans to and/or	r Erom Int	oractad	Dorcone								
					line 26 or Form 000 F	7 Dort \	/ line	29.0			
(a) Name of interested		to or from		nal principal	line 26, or Form 990-E (d) Balance due		v, iirie ) In	(f) Ap	oroved	(g) W	ritten
person and purpose	the organization?			nount	(d) Dalance due	default?		by board or committee?		agreement?	
	То	From				Yes No		Yes	Yes No		No
				<b>x</b>				_			
Total Part III   Grants or Assis	tance Rei	nefitina l	nteresta	ad Person	e						
Complete if the orga		-									
(a) Name of interested p					een interested person	and		(c) Amount and type of			
			( )		ganization				assistar		
							_				
							+				
							$\top$				
LHA For Paperwork Reduction	Act Notice,	see the Inst	structions	for Form 99	0 or 990-EZ.		Schec	lule L (For	m 990 c	or 990-E2	Z) 2011

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	Tes 011 0111 990, Fait IV, IIIe 20a, 200, 01 200.								
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction		aring of zation's iues?			
								Yes	No
JAMIE SALEM	EMPLOY	ζEE	IS 7	CHE	SON	46,711.	EMPLOYMENT		Х
G.F. JOEY MUSMAR	BOARD	MEM	BER	IS	PAR	11,775.	INDEPENDENT		Х

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: JAMIE SALEM
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### EMPLOYEE IS THE SON OF THE UPA TREASURER

(C) AMOUNT OF TRANSACTION \$ 46,711.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: G.F. JOEY MUSMAR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS PARTNER OF COMPANY PROVIDING ACCOUNTING SERVICES TO UPA

(C) AMOUNT OF TRANSACTION \$ 11,775.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE M	
(Form 990)	

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

11-2494808	

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Department of the Treasury Internal Revenue Service Name of the organization

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Daut

# UNITED PALESTINIAN APPEAL, INC.

Pa	rt Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir	•	S	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х		744,436.	FMV				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	2	24,926.	FMV				
10	-								
11	Securities - Closely held stock								
••									
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
13	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► (								
 28	Other ► (								
29	Number of Forms 8283 received by the organiz	ration durin	n the tax year for c	contributions					
	for which the organization completed Form 828								
		,,-	,				Yes	No	
30a	During the year, did the organization receive by	contributio	on any property rer	oorted in Part I, lines 1-28 th	at it must hold for				
	at least three years from the date of the initial of								
	the entire holding period?			•		30a		Х	
h	If "Yes," describe the arrangement in Part II.					000			
<ul><li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li></ul>									
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
JEd	contributions?		•			32a		х	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in a	column (c) f	or a type of prope	rty for which column (a) is ch	ecked				
	describe in Part II.			ay ior which column (a) is of	oonou,				
LHA		the Instruc	tions for Form 99	0.	Schedule M	(Form 9	90) (	2011)	
				-	Concoure W				

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SCHEDULE	м,	PART	I,	COLUM	I (B):	THE	ORG	ANIZ	ATIC	N IS	S RI	EPORT	TING	THE	
NUMBER O	FC	ONTRIE	BUTC	ORS PRO	OVIDIN	ig go	ODS	IN S	SCHED	ULE	М,	PART	ΓΙ,	COLU	JMN
(B).															
132142 01-23-12													Sch	edule M	l (Form 990) (2
		4 202				1.030		34							

11-2494808

Page **2** 

Schedule M (Form 990) (2011) UNITED PALESTINIAN APPEAL, INC.

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

UNITED PALESTINIAN APPEAL, INC. Employer identification number 11-2494808

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

AND IN REFUGEE CAMPS.

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

SUPPORTED WIDE-RANGING HUMANITARIAN PROGRAMS THAT CATERED TO NEEDY

PALESTINIANS WITHIN THESE REGIONS. IT'S 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:

CHILD SPONSORSHIP - ALL EXPENSES INCURRED TO PROVIDE PROJECTS THAT

DIRECTLY BENEFIT HANDICAPPED, ORPHANED AND EXTREMELY DEPRIVED CHILDREN.

EACH CHILD IS SPONSORED BY AN UNRELATED DONOR AND UPA ASSISTS BUILDING

RELATIONSHIPS BETWEEN THE CHILD AND THE DONOR.

REVENUE \$ 0. EXPENSES \$ 182,603. INCLUDING GRANTS OF \$ 80,327.

OUTREACH AND PUBLIC INFORMATION - ALL EXPENSES INCURRED TO EDUCATE THE

GENERAL PUBLIC ABOUT THE NEEDS OF THOSE LIVING IN PALESTINE AND THEIR

COMMUNITIES.

EXPENSES \$ 40,382. INCLUDING GRANTS OF \$ 1,162. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: UPA'S TREASURER ON THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR, DIRECTOR OF OPERATIONS AND DIRECTOR OF DEVELOPMENT REVIEW FORM 990 BEFORE IT IS OFFICIALLY FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE UPA BOARD OF DIRECTORS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 35 2011.03010 UNITED PALESTINIAN APPEAL, 20245 1

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>			
Name of the organization UNITED PALESTINIAN APPEAL, INC.	Employer identification number 11-2494808			
CONSTANTLY MONITOR THE ACTIONS OF EVERYONE CONNECTED WITH	UPA TRANSACTIONS			
TO ENSURE THAT THERE ARE NO CONFLICT OF INTERESTS. IF A P	OTENTIAL CONFLICT			
WERE TO ARISE, THE BOARD WOULD IMMEDIATELY MEET TO DECIDE	WHAT CORRECTIONS			
MUST TAKE PLACE. UPA HAS A BOARD APPROVED CONFLICT OF INT	EREST POLICY IN			
PLACE WHICH EFFECTIVELY COVERS THESE MATTERS.				

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE BEFORE EMPLOYMENT CONTRACTS ARE CREATED. CONTRACT AND SALARY REQUIREMENTS ARE BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT SURVEYS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 18: UPA COMPLIES WITH IRC SECTION 6104 AND MAKES IT'S FORMS 1023, 990 AND 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: UPA MAKES IT'S CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.

36

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-121,959.

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Schedule O (Form 990 or 990-EZ) (2011)

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