Form	9	9	0
	_	-	_

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2017 calendar year, or tax year beginning and	d ending				
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number		
	Addre						
	Name Chang	8		11-2	494808		
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number				
	Final	1330 NEW HAMPSHIRE AVENUE, NW	104	(202			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	24,354,927.			
	Amer	WASHINGION, DC 20050		H(a) Is this a group re			
	Appli tion pend			for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: $X 501(c)(3) $ 501(c) () ((insert no.) 4947(a)(1)) or 🛄 52	-	list. (see instructions)		
		te: WWW.HELPUPA.ORG		H(c) Group exemption			
_	_	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	r of formation: 1978	State of legal domicile: NY		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: TO Z		ATE THE SUFF.	ERING OF		
Governance		PALESTINIANS; ESPECIALLY THOSE LIVING IN					
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp			-		
Š	3				6		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) \hdots		6			
Activities &	6	Total number of volunteers (estimate if necessary)			170		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.		
			_	Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		17,384,370.	23,930,136.		
Revenue	9	Program service revenue (Part VIII, line 2g)					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,825.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	15,695.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,537,195.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,174,383.	22,116,244.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	377,576.	622,565.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ЧŇ		Total fundraising expenses (Part IX, column (D), line 25) 278, 6		E04 002	196 700		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		504,803. 18,056,762.	•		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····		23,225,518.		
	19	Revenue less expenses. Subtract line 18 from line 12		-519,567.	915,542.		
Net Assets or Fund Balances				eginning of Current Year	End of Year		
Bala	20	Total assets (Part X, line 16)		4,083,434. 131,573.	5,049,362.		
let A ind	21	Total liabilities (Part X, line 26)		,	33,503.		
	22 21	Net assets or fund balances. Subtract line 21 from line 20		3,951,861.	5,015,859.		
	art II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedul	loo and atata	monto, and to the bact of m	knowledge and belief it is		
	•	aties of perjury, I declare that I have examined this return, including accompanying schedul ct, and complete. Declaration of preparer (other than officer) is based on all information of v			y Knowleuge and Deller, it IS		
uud,	COLLE	ט, מות כטווטופופ. הפטומומנוטוו טו עופעמופו (טנוופו נוומוו טוווטפו) וג המצע טוו מוו ווווטווומנוטוו טו ע	vincii prepare	THAS ANY KNUWICUYC.			

Sign Here	Signature of officer SALEEM F. ZARU, EXECUT Type or print name and title	IVE DIRECTOR	Date							
Paid		Preparer's signature R. MATTHEW FRANK	Date Check PTIN 04/09/18 if self-employed P01277196							
Preparer	Firm's name FRANK & COMPANY ,		Firm's EIN ► 54-1156733							
Use Only	Firm's address ⊾ 1360 BEVERLY ROA	D, SUITE 300								
	MCLEAN, VA 22101		Phone no. 703 - 821 - 0702							
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No							
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2 t III Statement of Program Service Accomplishments
ral	
1	Check if Schedule O contains a response or note to any line in this Part III
	UNITED PALESTINIAN APPEAL, INC. (UPA) IS A UNITED STATES NON-PROFIT,
	NON-POLITICAL, TAX EXEMPT CHARITY COMMITTED TO PROVIDING SOCIAL
	SERVICES TO IMPOVERISHED PALESTINIANS RESIDING IN THE WEST BANK, GAZA
	STRIP AND IN LEBANESE REFUGEE CAMPS. FOUNDED IN 1978, UPA HAS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 22,224,039. including grants of \$ 21,907,385.) (Revenue \$
та	HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MEDIUM AND LONG-TERM
	HEALTH PROJECTS INCLUDING MOBILE CLINICS AND PRIMARY CARE CLINICS. AS
	WELL AS SERVICES INCLUDING EMERGENCY FOOD DISTRIBUTION, MEDICAL VISITS,
	PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIANS IN THE WEST
	BANK, GAZA AND REFUGEE CAMPS IN THE ARAB COUNTRIES. EXPENSES INCURRED
	ALSO PROVIDE PROJECTS THAT DIRECTLY BENEFIT HANDICAPPED, ORPHANED, OR
	EXTREMELY DEPRIVED CHILDREN THROUGH PROGRAMS CONDUCTED BY UPA'S
	PARTNERS.
4b	(Code:) (Expenses \$ 189,605. including grants of \$ 127,546.) (Revenue \$
	EDUCATION AND SCHOLARSHIPS - FINANCIAL ASSISTANCE IN THE FORM OF
	UNIVERSITY SCHOLARSHIPS, WORK STUDY OPPORTUNITIES, FELLOWSHIPS AND
	VOCATIONAL TRAINING PROVIDED TO NEEDY PALESTINIAN STUDENTS WHO ARE
	LIVING IN OR INTEND TO RETURN TO PALESTINE.
4c	(Code:) (Expenses \$ 107,493. including grants of \$ 54,737.) (Revenue \$ COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBUILD AND
	REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES AS WELL AS
	ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND THE IMPLEMENTATION OF
	MICRO-ENTERPRISE, MICRO-FINANCE AND OTHER PROJECTS THAT STIMULATE
	EMPLOYMENT.
4d	Other program services (Describe in Schedule O.)
τu	(Expenses \$ 185,366 • including grants of \$ 26,576 •) (Revenue \$)
4e	
	Form 990 (201
3200	2 11-28-17
~ ~	
20	409 757994 20245 2017.03020 UNITED PALESTINIAN APPEAL, 202451

Form	990	(2017)

UNITED PALESTINIAN APPEAL, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	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			v
	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	5	11f	x	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		- 23	<u> </u>
128		12a	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0	<u> </u>	<u> </u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	<u> </u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2017)

732003 11-28-17

Form 990 (PALESTINIAN
Part IV	Ch	ecklist of	Required Sc	hedules (continued)

UNITED PALESTINIAN APPEAL, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
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			х
	Schedule K. If "No", go to line 25a	24a		
	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	040		
h	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
33	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? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

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Form	990 (2017) UNITED PALESTINIAN APPEAL, INC.	11-2494	808	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
_	(gambling) winnings to prize winners?	1 5 5	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction				
3a		-,	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a	x	
b	If "Yes," enter the name of the foreign country: ► OTHER COUNTRY				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · ·	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		

732005 11-28-17

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Form 990 (2017)	Form	990	(2017)	i
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UNITED PALESTINIAN APPEAL, INC.

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

200	Check if Schedule O contains a response or note to any line in this Part VI				
sec	tion A. Governing Body and Management			Yes	Г
10	Enter the number of voting members of the governing body at the end of the tax year	1a	6	res	┢
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year finance of tax year finance o		Ĕ		L
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				L
b		1b	6		
	Enter the number of voting members included in line 1a, above, who are independent		Ч –		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		0		L
~	officer, director, trustee, or key employee?		2		╀
3	Did the organization delegate control over management duties customarily performed by or under the				l
	of officers, directors, or trustees, or key employees to a management company or other person?				╀
4	Did the organization make any significant changes to its governing documents since the prior Form				╀
5	Did the organization become aware during the year of a significant diversion of the organization's as				╀
6	Did the organization have members or stockholders?		6		╀
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_		l
	more members of the governing body?		7a		Ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			l
	persons other than the governing body?		7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?		8b	Х	l
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue Code.)		-	
				Yes	ļ
0a	Did the organization have local chapters, branches, or affiliates?		10a		l
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters, affiliates,			I
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	T
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,			t
l2a			12a	X	I
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				t
-	in Schedule O how this was done		12c	x	l
13	Did the organization have a written whistleblower policy?			X	t
14	Did the organization have a written document retention and destruction policy?			X	t
			14		ł
15	Did the process for determining compensation of the following persons include a review and approv				l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	x	I
	The organization's CEO, Executive Director, or top management official			A X	╀
b	Other officers or key employees of the organization		15b		╞
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				I
	taxable entity during the year?		16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's			I
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright DC , NY				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)) availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
	UNITED PALESTINIAN APPEAL, INC 202-659-5007				
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHIN	IGTON, DC 20	036		
32004	5 11-28-17			1 990	(
	6				١
20	409 757994 20245 2017.03020 UNITED PALESTI	NIAN APPEAL.	202	245	
-		· · · · · · · · · · · · · · · · · · ·			

Part VII	Cor	npensatio	n of O	fficers,	Directors,	Trustees,	Key Er	nployees,	Highest	Compen	sated
	່ Emj	ployees, a	nd Ind	lepende	ent Contra	ctors					

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(10	not c	Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru:	nal ti		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	Hig	For			
(1) GEORGE SALEM	2.00									
TREASURER		Х		х				0.	0.	0.
(2) ISAM SALAH	4.00									
SECRETARY		X		Х				0.	0.	0.
(3) DR. MOHAMMAD TARBUSH	1.00									
CHAIRMAN		X						0.	0.	0.
(4) DR. NAJAT ARAFAT KHELIL	1.00									
DIRECTOR		X						0.	0.	0.
(5) G.F. JOEY MUSMAR	1.00									
DIRECTOR		X						0.	0.	0.
(6) GHASSAN SALAMEH	1.00									
DIRECTOR		X						0.	0.	0.
(7) SALEEM ZARU	40.00									
EXECUTIVE DIRECTOR				X				124,417.	0.	17,952.
		1								
		1								
		1								
720007 11 00 17	-			-			-	-		Eorm 990 (2017)

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Form 990 (2017)

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	990 (2017)	UNITED PA	ALESTIN:	IAI	N Z	Abi	PE/	AL,	,	INC.	11-2	<u>494</u>	808	Pa	ige 8
Part	VII Sec	tion A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title	(B) Average hours per week (list any hours for	box offi	not c , unle	ss pe	ition more rson irecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MI	on d Is	am comj	(F) timate nount c other pensat om the	of tion
			related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2) 1000 Mil		orga and	anizatio d relate inizatio	on ed
	Sub-total			-						124,417.		0.	1	7,95	52.
c d	Total fron Total (add	n continuation sheets to Part V I lines 1b and 1c) ber of individuals (including but r	II, Section A	·····			·····			0. 124,417.),000 of reportab	0. 0.		7,95	0.
	compensa	tion from the organization												<u> </u>	
		ganization list any former officer, "Yes," complete Schedule J for s								•			3	Yes	No X
4	For any ine and relate	dividual listed on line 1a, is the su d organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot e J i	her compensation from for such individual	the organization		4		X
		erson listed on line 1a receive or a o the organization? If "Yes," com					-			-			5		х
		ependent Contractors		01	01 30		pers	<u>son .</u>							
	-	this table for your five highest co zation. Report compensation for	-	-								npens	ation f	rom	
		(A) Name and business			ONE					(B) Description of s		С	(C omper		ı
		ber of independent contractors (i of compensation from the organi		iot li	mite	d to		se lis 0	stec	d above) who received n	nore than				
	φ100,000	or compensation norm the organi						-					Form \$	990 (2	2017)

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assets of the rest of the second						'INIAN AP	PEAL, INC.		11-2494	808 Page 9
Order Percence Total revenue Total r	Pa	rt \	/							
Order Percence Total revenue Total r				Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	<u>/B)</u>	(0)	
Burgers Image: Second sec								Related or exempt function	Unrelated business	from tax under
Business Code Mainess Code 2 b	nts nts	1	а	Federated campaigns	1a	18,215.				
Business Code Mainess Code 2 b	Gran									
Business Code Mainess Code 2 b	ts, (Am									
Business Code Mainess Code 2 b	Gifl		d	Related organizations	1d					
Business Code Mainess Code 2 b	imi		е	Government grants (contribut	ions) 1e					
Business Code Mainess Code 2 b	tior ∍r S		f	All other contributions, gifts, gran	ts, and					
Business Code Mainess Code 2 b	ibu			similar amounts not included abo	ve 1f	23,911,921.				
Business Code Mainess Code 2 b	ontr of C		g	Noncash contributions included in lines	a 1a-1f: \$	21,489,940.				
900 2 a	a Č		h	Total. Add lines 1a-1f		►	23,930,136.			
Image: Section of the sectin of the section of the						Business Code				
Image: Section of the sectin of the section of the	ice	2	а							
Image: Section of the sectin of the section of the	erv		b							
Image: Section of the sectin of the section of the	n S /en		С							
Image: Section of the sectin of the section of the	graı Rev		d							
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3 investment income (including dividends, interest, and other similar amounts) 133,092 133,092 4 income from investment of tax exempt bond proceeds 133,092 133,092 5 Royaties (i) Real (ii) Personal 6 a Gross rents (ii) Real (ii) Personal b Less: rental expenses (iii) Cuther a Gross anount from sales of inventory 276,004 (iii) Cuther b Less: cost or other basis and sales expenses (ii) Cuther a forces income from fundraising events (not including \$ or (loss) (iii) Cuther 62,137 6 Net gain or (loss) (iiii) Cuther (iiiii) Cuther b Less: cost or other basis and sales expenses (iii) Cuther a Gross income from fundraising events (not including \$ or (loss) (iiii) Cuther (iiii) Cuther b Less: direct expenses (iiiii) Cuther (iiiii) Cuther a Gross income from gaming activities. See (iiiiii) Cuther (iiiiiiiiiii) Cuther b Less: cost of goods soid (iiiiiiiiiiii) Cuther a Gross sales of inventory, less returns and allowances (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	"									
other similar amounts) 133, 992. 133, 992. 4 income from investment of tax-exempt bond proceeds 133, 992. 5 Royatiles 133, 992. 6 a Gross rents 133, 992. 6 a Gross rents 133, 992. 7 a Gross rents 133, 992. 6 a Gross rents 133, 992. 7 a Gross rental expenses 133, 992. 6 a Gross rental expenses 133, 992. 7 a Gross amount from sales of assets other than inventory 10 7 a Gross income from sales of assets other than inventory 10 8 a Gross income from form fundraising events 62, 137. 6 a Gross income from gaming activities. See 10 9 a Gross income from gaming activities. See 10 9 a Gross income or (loss) from gaming activities. See 10 9 a Gross income from gaming activities. See 10 9 a Gross income or (loss) from gaming activities. See 10 9 a Gross income or (loss) from gaming activities. See 10 10 a Gross income or inoss) from sales of inven										
4 Income from investment of tax-exempt bond proceeds Image: Construct on the set of tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 6 a Gross rents Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 6 a Gross rents Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 7 a Gross rents Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 7 a Gross rents Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 8 a Gross and the intervent on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds Image: Construct on tax exempt bond proceeds 9 a Gross income from gaming activities Image: Construct on tax exempt bond proceeds Image: Construct on tax exe		3					133 002			133 002
5 Royatties (i) Real (ii) Personal 6 a Gross rents (ii) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities (ii) Other assets other than inventory (iii) Securities (iii) Other a Gross income for fundralising events (iii) Constructions reported on line 1c). See (iiii) Constructions 9 a Gross income from gaming activities (iiii) Cons sales of inventory, less returns (iiii) Other a dallowances (iii) Cons sales of inventory (iiii) Cons sales of inventory (iiii) Cons 10 a Gross							133,092.			135,092
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses					• •					
6 a Gross rents		5		Royallies						
b Less: rental expenses		6	~	Groce rente		(II) Personal				
c Rental income or (loss)		0								
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 276,004 213,867 b Less: cost or other basis and sales expenses 213,867 62,137 c Gain or (loss) 62,137 62,137 d Net gain or (loss) of 62,137 d Net gain or (loss) of 62,137 g a Gross income from fundraising events of 62,137 part IV, line 18 a b c Net income or (loss) from fundraising events b c g a Gross income from gaming activities. See b c Part IV, line 19 a c b Less: direct expenses b c c Net income or (loss) from gaming activities. See c Part IV, line 19 a b Less: clicet expenses b c Net income or (loss) from gaming activities c i0 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory c d N terrevenue guiness Code g OTHER INCOME guino										
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 213,867. 22,137. c Gain or (loss) 62,137. 62,137. d Net gain or (loss)										
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b Less: cost or other basis and sales expenses 213, 867. c Gain or (loss) 62,137. d Net gain or (loss) 62,137. d Net gain or (loss) 62,137. a Gross income from fundralising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 62,137. b Less: direct expenses b c Net income or (loss) from fundralising events 9 Gross income from gaming activities. See Part IV, line 19 b 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 Miscellaneous Revenue 900099 15,695. 15,695. b		'	u							
and sales expenses 213,867. c Gain or (loss) 62,137. d Net gain or (loss) 62,137. e Or contributions reported on line 1c). See 62,137. part IV, line 18 a 9 s Gross income from gaming activities. See 9 Part IV, line 19 a 9 s a 9 d Less: direct expenses 9 d Less: direct expenses 9 d Less: cost of goods sold 9 d Less: cost of goods sold 9 d Net income or (loss) from sales of inventory 9 Miscellaneous Revenue Business Code 11 d NICOME 900099 15,695. d All other revenue <			b		,					
c Gain or (loss) 62,137. 62,137. 62,137. 8 Gross income from fundraising events (not including \$					213,867.					
d Net gain or (loss) 62,137. 62,137. 8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b			с							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b c Net income or (loss) from fundraising events						>	62,137.			62,137.
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 15,695. c d All other revenue e Total Revenue. See instructions. 12 Total revenue. See instructions.	nue	8		Gross income from fundraisin	g events (not					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 15,695. c d All other revenue e Total Revenue. See instructions. 12 Total revenue. See instructions.	eve									
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b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b 900099 15,695. 15,695. c Image: Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.										
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and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 15,695. 16 17 OTHER INCOME 900099 15,695. 15,695. 12 Total revenue. See instructions. 24,141,060.			с	Net income or (loss) from gam	ning activities	►				
b Less: cost of goods sold b		10	а	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory Image: Constraint of the second se				and allowances	а					
Miscellaneous Revenue Business Code Image: Code of the code of th			b	Less: cost of goods sold	b					
11 a OTHER INCOME 900099 15,695. 15,695. b			С	Net income or (loss) from sale	es of inventory	►				
b					ie					
c		11		OTHER INCOME		900099	15,695.	15,695.		
d All other revenue			b							
e Total. Add lines 11a-11d ▶ 15,695. 12 Total revenue. See instructions. ▶ 24,141,060. 15,695. 0. 195,229										
12 Total revenue. See instructions. 24,141,060. 15,695. 0. 195,229							4			
								15 205	^	105 000
						▶	24,141,000.	.دده, دד	υ.	,

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Part IX Statement of Functional Expenses

UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page 10

<u></u>	Check if Schedule O contains a respon	ise or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				• •
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	22 116 244	22 11 6 244		
	individuals. See Part IV, lines 15 and 16	22,116,244.	22,116,244.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1/1 022	76 602	27 057	27 272
_	trustees, and key employees	141,832.	76,602.	27,857.	37,373
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	419,367.	232,919.	79,627.	106,821
7 0	Other salaries and wages Pension plan accruals and contributions (include	±19,30/•	<u> </u>	19,041.	100,021
8		5,286.	2,276.	1,286.	1 70/
^	section 401(k) and 403(b) employer contributions)	27,154.	11,693.	6,603.	1,724 8,858
9 0	Other employee benefits	28,926.	12,457.	7,033.	9,436
1	Payroll taxes Fees for services (non-employees):	20,920.	12,157.	7,055.	5,450
a b	Management Legal	5,063.		5,063.	
	Accounting	17,671.		17,671.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,769.	762.	430.	577
2	Advertising and promotion	94,821.	50,909.	4,835.	39,077
3	Office expenses	79,713.	45,493.	17,375.	16,845
4	Information technology	5,054.		5,054.	
5	Royalties				
6	Occupancy	62,513.	26,921.	15,200.	20,392
7	Travel	28,057.	15,998.	12,059.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	65,359.	64,293.	1,066.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	29,807.	13,568.	6,935.	9,304
3	Insurance	3,554.	1,173.	1,493.	888
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) POSTAGE AND SHIPPING	67,784.	35,195.	5,279.	27,310
a L	BANK CHARGES	25,544.	55,195.	25,544.	41,310
a		23,344.		43,344.	
с 4					
d	All other evenences				
	All other expenses	23,225,518.	22,706,503.	240,410.	278,605
5	Total functional expenses. Add lines 1 through 24e	2J,22J,JIO.	<u>22,100,303</u> .	240,410•	270,003
6	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)				

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2017.03020 UNITED PALESTINIAN APPEAL, 2024

Form **990** (2017)

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UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page 11

rai	1	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,397.	1	694.
	2	Savings and temporary cash investments			1,056,725.	2	1,698,042.
	3	Pledges and grants receivable, net			137,326.	3	127,825.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			16,638.	9	17,734.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	533,058.			
	b	Less: accumulated depreciation	10b	249,783.	293,274.	10c	283,275.
	11	Investments - publicly traded securities			2,576,074.	11	2,921,792.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			4,083,434.	16	5,049,362.
	17	Accounts payable and accrued expenses			131,573.	17	33,503.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
iab.		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D		······	101 570	25	
	26	9		· · N V ·	131,573.	26	33,503.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔺 and			
ces	07	complete lines 27 through 29, and lines 33 an			2,500,669.	07	4,051,249.
lan	27	Unrestricted net assets			1,451,192.	27	964,610.
Ba	28	Temporarily restricted net assets			1,491,192.	28	<u> </u>
pun	29					29	
۲ ۲		Organizations that do not follow SFAS 117 (A					
si o	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds				30	
se		Paid-in or capital surplus, or land, building, or eq			31		
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in				32	
Ne	32 33	Total net assets or fund balances			3,951,861.	32 33	5,015,859.
	33 34	Total liabilities and net assets/fund balances			4,083,434.	33 34	5,049,362.
					_,,	54	Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

Form	990 (2017) UNITED PALESTINIAN APPEAL, INC.	11-2	494808	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,14				
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,22				
3	Revenue less expenses. Subtract line 2 from line 1	3			42.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,95				
5	Net unrealized gains (losses) on investments	5	17	<u>0,1</u>	91.		
6	Donated services and use of facilities	6					
7	Investment expenses	7	-2	<u>1,7</u>	35.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5,01	<u>5,8</u>	59.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line 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 O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			-	nnn	(0017)		

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	e of t	the organization	_							identification number				
Da					NIAN APPEAL,					1-2494808				
Pa		Reason for Public			0	•	. ,		S.					
	organ	nization is not a private found			•	-								
1		A church, convention of ch						I)(A)(i).						
2		A school described in sect												
3		A hospital or a cooperative												
4		A medical research organiz	ation	operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
_		city, and state:												
5		An organization operated for			llege or university owner	d or opera	ted by a g	overnmental	unit descrit	bed in				
		section 170(b)(1)(A)(iv). (C	-	-										
6		A federal, state, or local go												
7	X													
_		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a non-land-g	grant	college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	je or				
		university:												
10		An organization that norma												
		activities related to its exen	•		· · ·	. ,				•				
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
		See section 509(a)(2). (Complete Part III.)												
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12		An organization organized a		-	•	-			•					
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in												
	_	lines 12a through 12d that		• •			-		-					
а		Type I. A supporting orga			-	•								
		the supported organization		-		a majority (of the dire	ctors or truste	es of the s	supporting				
		organization. You must o	-						()					
b		Type II. A supporting org		-				-		-				
		control or management o				ame perso	ons that co	ontrol or mana	ige the sup	ported				
		organization(s). You mus		-										
С		☐ Type III functionally interest.	-						lly integrat	ed with,				
		its supported organizatio												
d		Type III non-functionally			• •				-					
		that is not functionally int	-	-		-		-	u an attent	iveness				
		requirement (see instruct												
е		Check this box if the orga						а туре ї, туре	n, type m					
	E at	functionally integrated, or			, , , , , , , , , , , , , , , , , , , ,	0 0	zation.							
1		er the number of supported on vide the following informatior	•		d organization(a)									
y		(i) Name of supported	1 800	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		.,	(described on lines 1-10	in your governi Yes	No	support (see ir	structions)	support (see instructions)				
					above (see instructions))									
Гota	1													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990 EZ) 2017 UNITED PALESTINIAN APPEAL, INC. 11-24948 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

11-2494808 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8137021.	12086132.	13893996.	17384370.	23930136.	75431655.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8137021.	12086132.	13893996.	17384370.	23930136.	75431655.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	-					75431655.
	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8137021.	12086132.	13893996.	17384370.	23930136.	75431655.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	99,596.	94,760.	93,997.	124,938.	133,092.	546,383.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	100.	104.	122.		15,695.	
11	Total support. Add lines 7 through 10						75994059.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (14	99.26 %
	Public support percentage from 2016					15	99.13 %
1 6a	33 1/3% support test - 2017. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		
	organization meets the "facts-and-cire		•		,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	eaule A (Form 990) or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 UNITED PALESTINIAN APPEAL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

rr ir 2 G nr fc a 0 3 G a	Gifts, grants, contributions, and nembership fees received. (Do not nclude any "unusual grants.")					1		
ir 2 G n fc a 0 3 G a								
2 G n fc a 0 3 G a	nclude any "unusual grants.")							
n fo a 3 G a								
fc a 0 3 G a	Gross receipts from admissions, nerchandise sold or services per-							
3 G	ormed, or facilities furnished in any activity that is related to the							
a	organization's tax-exempt purpose							
	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	ness under section 513							
	Tax revenues levied for the organ-							
	zation's benefit and either paid to							
	or expended on its behalf							
	The value of services or facilities							
	urnished by a governmental unit to							
	he organization without charge							
	Total. Add lines 1 through 5							
7a A	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	mounts included on lines 2 and 3 received							
e	rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the mount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sect	ion B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
	Amounts from line 6							
10a G d s	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Inrelated business taxable income							
(less section 511 taxes) from businesses							
	cquired after June 30, 1975							
	Add lines 10a and 10b							
a w	Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on							
2 C	Dther income. Do not include gain or loss from the sale of capital							
a	assets (Explain in Part VI.)							
	otal support. (Add lines 9, 10c, 11, and 12.)							
14 F	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3	8) organiza	ation,
								> L_
	ion C. Computation of Publi							
15 P	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15		
	Public support percentage from 2016					16		
Sect	ion D. Computation of Inves	tment Incom	e Percentage)				
17 Ir	nvestment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17		
18 Ir	nvestment income percentage from 2	016 Schedule A,	Part III, line 17			18		
19a 3	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, a	and line 1	7 is not
n	nore than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation		▶∟
b 3	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 3	31/3%,a	Ind
li	ine 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	anization qualifies a	as a publicly supp	orted orga	nization	►
	Private foundation. If the organization							
	10-06-17							or 990-EZ) 20

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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16

Schedule A (Form 990 or 990-EZ) 2017 UNITED PALESTINIAN APPEAL, INC. Part IV Supporting Organizations (continued)

	Continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	· ·		L
			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	c)	
		Silucion	ŕ	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
7320.04	5 10-06-17 Schedule A (Form		90-F7) 2017

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Schedule A (Form 990 or 990-EZ) 2017 UNITED PALESTINIAN APPEAL, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 UNITED PALESTINIAN APPEAL, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017		Oshadada Ad	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule Part V	Part IV, Sec line 1; Part	tion A, li IV, Secti lines 5, 6	Inform ines 1, 2 on D, line	ation. Pi , 3b, 3c, 4 es 2 and 3	rovide tl b, 4c, 5 ; Part I\	he explar a, 6, 9a, 9 V, Sectior	nations re 9b, 9c, 11 1 E, lines	quired b l a, 11b, a 1c, 2a, 2	y Part and 11 b, 3a,	II, line 10; Pa c; Part IV, So and 3b; Part	ection B, lin V, line 1; P	11–24 7a or 17b; Part I nes 1 and 2; Par art V, Section B ditional informat	t IV, Section C, , line 1e; Part V
SCHEI	DULE A,	PART	II,	LINE	10,	EXPI	LANAT	ION	FOR	OTHER	INCOM	E:	
MISCI	ELLANEOU	S IN	COME										
2013	AMOUNT:	\$	100	•									
2014	AMOUNT:	\$	104	•									
2015	AMOUNT:	\$	122	•									
2017	AMOUNT:	\$	15,0	595.									
732028 10-	06-17										Sche	edule A (Form §	990 or 990-EZ)
2040	9 757994	1 202	45		20)17.0	3020	20 דידאנו	רדי	₽ልኬድደጥ		APPEAL,	

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

VIII. line 1h:

Employer identification number

	UNITED PALESTINIAN APPEAL, INC.	11-2494808				
Organization type (ch	heck one):					
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
•	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin om any one contributor. Complete Parts I and II. See instructions for determining a contributo					
Special Rules						
sections 509 any one cont	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a htributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou 990-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

11-2494808

UNITED PALESTINIAN APPEAL, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (a) **-** . . NI-

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribut Person X Payroll Image: Complete Part II for (Complete Part II for
(a) No. 2 	(b) Name, address, and ZIP + 4	(c) Total contributions 	noncash contribution (d) Type of contribut Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contribution (d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

Employer	identification	number

11 - 2494808

UNITED PALESTINIAN APPEAL, INC.

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
	PHARMACEUTICALS		
		\$ 15,389,560.	05/01/17
(a) No.	1	(c)	(-0)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
2	PHARMACEUTICALS		
			04/00/11
		\$ <u>6,019,496.</u>	04/20/17
(a) No.	16.5	(c)	(_1 \
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		\$	
		[*	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)			
No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		<u> </u>	
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
3453 11-01	2		90, 990-EZ, or 990-PF) (

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Name of orga	nization	Employer identification number						
UNTTED	PALESTINIAN APPEAL, 1	NC.		11-2494808				
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. onc	^{ns} ▶ \$				
	Use duplicate copies of Part III if addition	nal space is needed.	· · · · · · · · · · · · · · · · · · ·	,				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I								
-								
_								
		(e) Transfer of gif	t					
	Transferee's name, address, a	and 7IP + 4	Belationshin of tra	Insferor to transferee				
	nanole ce e nanie, ada cee, e							
-								
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
_								
-								
-		e) Transfer of gift	<u> </u>					
			L					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	insferor to transferee				
-								
-								
-		[
(a) No. from				wintion of how with in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-								
-								
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	Insferor to transferee				
-								
(-) N-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I								
-								
		(e) Transfer of gif	t					
	Transferee's name, address, a	ind ZIP + 4	Relationship of tra	Insferor to transferee				
-		[
			Cabadula	B (Form 990, 990-EZ, or 990-PF) (201				
723454 11-01-1		24	Scheutle	ט (ו טווו 330, 330-בב, טו 390-דד) (201				

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11-2494808

Pa			s or Ad	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(~	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of contributions to (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in v	I writing that the assets held in donor advi	ised fund	e
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ū	for charitable purposes and not for the benefit of the donor o			
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizati		r artri,	
•	Preservation of land for public use (e.g., recreation or e		torically i	mportant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor	servation easement on the last
_	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		- E	2a
	Total acreage restricted by conservation easements			2b
c				2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year ►		U	5
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	:	
	violations, and enforcement of the conservation easements it	t holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statem	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the orga	anization's accounting for
_	conservation easements.			
Pa	rt III Organizations Maintaining Collections of		Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		ance of p	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic serv	vice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
_	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical trea		al gain, p	provide
	the following amounts required to be reported under SFAS 1			
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2017
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 3 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apoly): a Public exhibition d Loan or exchange programs b Scholarly research e Other The second procession is collection items (check all that apoly): c Presention for the organization solic or receive donalisms of art, historical treasures, or other similar assets to be addor that apoly items is collection? Image: model of the organization application is collection and explain how they further the organization application applicapplication applicatintheplication applicat	Sche		PALESTINIA						1-24			age 2
clock all that apply: d Loan or exchange programs e Other	Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	reasures, o	or Other	^r Simila	r Asse	ts (contir	nued)	
a Public exhibition during the generations delections and explain how they further the organization's exempt purpose in Part XIII. Corrected a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollection of a rice were donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 900, Part X, line 21. Is the organization angent, fundse, custodial Arrangements. Complete lift the organization answered "Yes" on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization angent, fundse, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for escrew or custodial account liability? Ves: No If "Yes," explain the arrangement in Part XIII and complete the following table: I and guarance I and the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability? I be the "Yes" in the angent in Part XIII and complete if the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability? I be the angenter in Part XIII and the organization answered "Yes" on Form 900, Part X, line 20. If a Beginning of year balance I (a) Current year (b) Prior year (c) Thro years back (c) Three years back (e) Four years back d Grants or scholarahips G of the organization and the organization answered "Yes" on Form 900, Part X, line 20. If "Yes" on falled explaints or falled explaints on the possession of the organization and the organization and the organizati	3		ion, and other record	ds, checl	k any of the	following that	at are a sig	nificant u	se of its	collectio	n item	S
b Scholary research e Other c Preventation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to the solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization include an amount on Form 980, Part X, line 21. 1a Distributions during the year 1a Istimution or fully and complete the following table: 1b Interminent Funds. Complete if the organization answered 'Yes' on Form 980, Part X line 21. 2 Didt the organization include an amount on Form 980, Part X, line 21. 4 Additions during the year 1a Istimution of a form 980, Part X line 21. 2 Didt the organization answered 'Yes' on Form 980, Part X line 21. 4 Beginning of year balance <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 18 Is the organization and agent, fundse, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 19 Is the organization and agent, fundse, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 10 Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? 2 Bottine organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? 2 Dottine organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? 2 Dottine organization 3 Det the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? 4 Additions of facilities 4 Other organization 5 Contributions 6 Not facilities			C									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W set on a agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Beginning balance Caliform and the organization and the organization answered "Ves" on Form 900, Part X is a 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization and explain the arrangement in Part XIII and complete the following table: Caliform of the eyes Is a list the organization and trust XIII and complete the following table: Caliform of the eyes Is a list organization include an amount on Form 900, Part X, line 21, for secrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization nanowered 'Yes' on Form 900, Part X, line 21. Reginning of year balance A content funds. Complete if the organization nanowered 'Yes' on Form 900, Part X, line 21. Secondarships, agins, and losses A content exclosed and the organization include and the organization and the organization include and the organization include and the organization and the presented account tability. Part V Endowment Funds. Complete if the organization and the organization an	b		e		Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustake, custodial or other intermediary for contributions or other assets not included on Form 990, Part X in trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization agent, fustake, custodial account liability Is a start organization agent, fustake, custodial or other intermediary for contributions or other assets not included on Form 990, Part X in Part XIII. and complete the following table: Intermediation advantage to the organization agent in Part XIII. Admount It comparization agent in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If 'Yes.' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back If a during the year endownent >{%} Portionate to reachings, gains, and losses Is als the organization answered 'Yes' on Form 990, Part X, line 10. If 'Yes' reprediate on qualitations line dag agent of the organization in the possession of the organization (a) held as: a Board designated or qualendowment >{%} Pormanet advammet >{%} Pornote the organization answered 'Yes' on Form 990, Part X, line 10. Complete if the organization set organization include as:		-										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. It is a Amount on Form 990, Part X, line 21. C Beginning balance 10 It is a amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No D if Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete III Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete III Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete III the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete III Part XIII. Check here III the explanation and programs. Image: Complete III Part XIII. Image: Complete III Part XIII. 1a Beginning of year balance Image: Complete IIII Part XIII. Image: Complete IIII Part XIIII.									se in Parl	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escrow or custodial account tability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete intermediary in the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete intermediary in the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete intermediary in the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete intermediary in the arrangement in Part XII. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back and programs. Image: Complete intermediary in the part of the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance image:	5] X ==		1
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on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if a four years back if a prior year balance (b) Prior years back if a prior year balance (c) Two years back if a prior year balance (b) Prior year balance (c) Two years back if a prior year balance (e) Four years back if a prior year balance (f) The years back if a prior year balance (f) The year balance (f) Prior year balance (f) The year balance (f) Prior year balance (f) Prior year balance (f) Prior year balance	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets not ir	ncluded				
b If "Yes," explain the arrangement in Part XII and complete the following table:										Yes] No
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b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	d) Three ye	ars back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a											
d Grants or scholarships												
e Other expenditures for facilities and programs	с											
and programs												
f Administrative expenses	е											
g End of year balance												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) (ii) rethere endowment states are equired on Schedule R? 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes 'on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (inivestment) basis (other) depreciation 1a Land 84, 840. 84, 840. b Buildings 254, 522. 117, 198. 137, 324. c Leasehold improvements 83, 096. 35, 987. 47, 109. d Equipment 66, 110. 56, 668. 9, 442.	f											
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b Buildings 254,522. 117,198. 137,324. c Leasehold improvements 83,096. 35,987. 47,109. d Equipment 66,110. 56,668. 9,442. e Other 44,490. 39,930. 4,560.		,								, 200		
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c Leasehold improvements 83,096.35,987.47,109. d Equipment 66,110.56,668.9,442. e Other 44,490.39,930.4,560.							1	17,19	8.			
d Equipment 66,110. 56,668. 9,442. e Other 44,490. 39,930. 4,560.					8	3,096.		35,98	7.		-	
e Other					6	6,110.		56,66	8.		9,44	42.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					4	4,490.		<u>39,9</u> 3	0.			
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c.)				28	3,2'	75.

732052 10-09-17

Part VII Investments - O	ther Securi	ties.		
Schedule D (Form 990) 2017	UNITED	PALESTINIAN	APPEAL,	INC.

(a) Description of security or category (including name of security)	(b) Book value	line 11b. See Form 990 (c) Method of		d-of-year market value
1) Financial derivatives	(,	. ,		,
Closely-held equity interests				
B) Other				
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
		line 11 - 0 Fauna 000	Deut V line 10	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value			d-of-year market value
				d-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		line 11d. See Form 990	, Part X, line 15.	()
(a) L	escription			(b) Book value
(1)				
(2)				
(3)				
(3) (4)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
(4) (5) (6) (7) (8) (9)	15.)		>	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		line 11e or 11f. See For	▶ m 990, Part X, line 25	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		line 11e or 11f. See For (b) Book value	▶ m 990, Part X, line 25	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability.			▶ m 990, Part X, line 28	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes			▶ m 990, Part X, line 25	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			▶ m 990, Part X, line 2:	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3)			▶ m 990, Part X, line 2:	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4)			▶ m 990, Part X, line 25	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)			▶ m 990, Part X, line 25	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)				5.
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" construction of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			▶ m 990, Part X, line 24	5.
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			▶ m 990, Part X, line 28	5.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV,			5.
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV,	(b) Book value		

Sche	dule D (Form 990) 2017 UNITED PALESTINIAN APPEAL,	INC.		11-	2494808 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,289,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	170,191.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	170,191.
3	Subtract line 2e from line 1			3	24,119,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,735.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	21,735.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	24,141,060.
Da	et VII Decenciliation of Evnences new Audited Einencial Statem	opto With	Evnoncoc nor		
га	rt XII Reconciliation of Expenses per Audited Financial Statem		i Expenses per	κετι	irn.
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			кец 1	23,225,518.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			23,225,518.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	23,225,518.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		1	23,225,518.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	23,225,518.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		1 2e	23,225,518.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d		1 2e	23,225,518. 0. 23,225,518.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b		1 2e 3 4c	23,225,518. 0. 23,225,518. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b		1 2e 3	23,225,518. 0. 23,225,518.

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

PART X, LINE 2:

UPA ACCOUNTS FOR UNCERTAIN TAX POSITIONS UNDER FASB ASC 740. FASB ASC 740
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTERPRISE'S FINANCIAL STATEMENTS. FASB ASC 740 PRESCRIBES A COMPREHENSIVE
MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN FINANCIAL
STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN,
INCLUDING THE POSITION THAT UPA IS EXEMPT FROM INCOME TAXES. UPA BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. UPA'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORM 990) IS OPEN TO EXAMINATION BY THE IRS, GENERALLY FOR
THREE YEARS AFTER IT WAS FILED.
732054 10-09-17 Schedule D (Form 990) 2017 28
220409 757994 20245 2017.03020 UNITED PALESTINIAN APPEAL, 20245_1

Schedule D	(Form 990) 2017
Dart XIII	Cum m la ma a m t

Part XIII Supplemental Informatio	on (continued)
	Schedule D (Form 990) 2017
32055 10-09-17	29
20409 757994 20245	2017.03020 UNITED PALESTINIAN APPEAL, 20245_1

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates	OMB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	201/
Department of the Treasury		. –	Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer ic	lentification number
UNITED PALEST					11-249	
		Activities Ou	tside the United States. Compl	ete if the orgar	ization answe	red "Yes" on
,	art IV, line 14b.	a maintain rocor	ds to substantiate the amount of its gr	ants and other	assistanco	
			the selection criteria used to award the			X Yes No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
	n. (The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If acti	vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the regio	n in the region
			GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,	
			LOCATED IN REGION.	COMMUNITY I	DEVELOPMENT	,
MIDDLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION A	AND	
NORTH AFRICA -	3	27	DONATIONS OF MEDICAL DRUGS	SPONSORSHII	2S	22,308,764.
MIDDLE EAST AND						
NORTH AFRICA -	3	27	PROGRAM TRAVEL			18,712.
3 a Sub-total	6	54				22,327,476.
b Total from continuat						
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)		54				22,327,476.

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

Schedule F (Form 990) 2017

732071 10-06-17

11-2494808

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	14,670.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	16,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,900.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	23 000	WIRE TRANSFER	0.		
				23,000		••		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	16,749.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	29,072.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	12 500	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the	,		-		
			tion 501(c)(3) equivalency lett		-	-		54
3 Enter total number of	other organizations	or entities				►		0

Schedule F (Form 990) 2017

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	74,464.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	26,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	٥.		9,000.	FOOD	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,240.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	136,150.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	7,526.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	27,100.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form §	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	24,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,011.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	14,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,320.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	33,152.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	31,245.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,500.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form §	90), Part II, line	1)	
1 (a) Name of organizatior	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	5,930.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	٥.		14,954.	FOOD	
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	44,950.	WIRE TRANSFER	0.		
				, -				
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	14 710	WIRE TRANSFER	0.		
				14,710.	WIKE IKANSPER	••		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	67,080.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,772.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	58,319.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	32,252.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	54,275.	WIRE TRANSFER	٥.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Con		Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line ⁻	1)	1 ugo 2
1 (a) Name of org	ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	5,850.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	15,909.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	52,500.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	9,500.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	18,505.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	8,784.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND						
			NORTH AFRICA -	HEALTH AND WELFARE	9,780.	WIRE TRANSFER	Ο.		
									1
			מייא שזרות איים						
			MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	٥.		8,000.	FOOD	FMV

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	l)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,202.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	24,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	11,960.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	8,000.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	6 250.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	25 860	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	8 376	WIRE TRANSFER	0.		
		NORTH AFRICA -	MELITARE WEDFARE	0,370.	MINE INAMOPER	· · ·		
		MIDDLE EAST AND		_		15200500	VEDICINEC	
		NORTH AFRICA	HEALTH AND WELFARE	0.		15389560	MEDICINES	APPRAISAL

Schedule F (Form 990)	UNITE	D PALESTINIA	N APPEAL, INC.		11-24	94808		Page 2
Part II Continuatio	art II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	0.		6019496.	MEDICINES	APPRAISAL

11-2494808

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated if	auditional space is neede		((0.4		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND						
EDUCATION AND SCHOLARSHIPS	NORTH AFRICA	64	64,737.	WIRE TRANSFER	0.		
						EMBRACING LIFE - THE PROGRAM EMPOWERS	
	MIDDLE EAST AND					PALESTINIAN MEDICAL	
HEALTH AND WELFARE	NORTH AFRICA	369	357 219	WIRE TRANSFER		PERSONNEL TO PROVIDE	FMV
							<u> </u>
						Sahar	lule E (Form 990) 2017

Schedule F (Form 990) 2017

SEE PART V FOR COLUMN (G) DESCRIPTIONS

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	No No

Schedule F (Form 990) 2017 UNITED PALESTINIAN APPEAL, INC.

 Part V
 Supplemental Information

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

PART III, COLUMN (G):

REGION: MIDDLE EAST AND NORTH AFRICA

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

EMPOWERS PALESTINIAN MEDICAL PERSONNEL TO PROVIDE SELF-SUFFICIENT AND

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

AND OTHER CRANIOFACIAL ANOMALIES AND TO TRANSFER THEIR KNOWLEDGE TO

HEALTH SYSTEMS WHERE UPA IS OPERATIONAL.

SCHEDULE F, PART I, LINE 2:

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

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

EXPENDITURES ARE REPORTED BASED ON THE ACCRUAL ACCOUNTING METHOD.

732075 10-06-17

Schedule F (Form 990) 2017 UNITED PALESTINIAN APPEAL, INC.	11-2494808	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accou		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); accounting method (actimated number of registrate), ac applicable. Also accounting the provide any additional info)
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	mation. See instructions.	
SCHEDULE F, PART III, LINE 1, COL (C):		
THE NUMBER OF INDIVIDUAL RECIPIENTS RECEIVING ASSISTANCE	IS DETERMINED	
BY THE NUMBER OF SCHOLARSHIPS THE ORGANIZATION PROVIDED A	AND THE NUMBER	
OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGA	ANIZATION.	
SCHEDULE F, PART III, LINE 2, COL (G):		
EMBRACING LIFE - THE PROGRAM EMPOWERS PALESTINIAN MEDICAI		
EMBRACING DIFE - THE FROGRAM EMFOWERS FALESTINIAN MEDICAL	J PERSONNEL IO	
PROVIDE SELF-SUFFICIENT AND COMPREHENSIVE CARE FOR PATIEN	ITS WITH CLEFT	
ITE AND OD OTREM DALAME (CLD) AND OMHED CRANTORACTAL ANON		
LIP AND/OR CLEFT PALATE (CLP) AND OTHER CRANIOFACIAL ANON	TALLES AND IO	
TRANSFER THEIR KNOWLEDGE TO HEALTH SYSTEMS WHERE UPA IS C)PERATIONAL.	
732075 10-06-17	Schedule F (Form 9	90) 2017

	HEDULE M	Noncash Contributions							47
(Fo	rm 990)						20 [°]	17	,
				answered "Yes" o	on Form 990, Part IV, lines 2	9 or 30.			
	ment of the Treasury I Revenue Service	Attach to Form 990			_		Open To Inspec		ic
	e of the organizatio	Go to www.irs.gov/	Form990 fo	r the latest inforn	nation.	Employer id			mbor
INdifit	e or the organizatio	UNITED PALES	א בזא דיתי		TNC		-24948		nper
Par	tl Types of	f Property		I AFFEAD,			24940	500	
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	of determini		S
1	Art - Works of art								
2	Art - Historical trea	asures							
3	Art - Fractional inte	erests							
4	Books and publication	ations							
5	Clothing and hous	sehold goods							
6	Cars and other ve	hicles							
7	Boats and planes								
8	Intellectual proper	ty							
9	Securities - Public	ly traded	X	6	62,738.	FAIR MARK	ET VAI	LUE	
10		y held stock							
11	Securities - Partne	ership, LLC, or							
12		llaneous							
13		ation contribution -							
		s							
14		ation contribution - Other							
15		dential							
16		mercial							
17		r							
18									
19				2	21,427,202.				
20		al supplies		4	21,427,202.	APPRAISAL			
21									
22									
23		ens							
24		acts							
25 26	Other ()							
26 07	Other ► ()							
27	Other ► ()							
<u>28</u> 29	· · · · · ·	8283 received by the organ	ization durin	l a the tax year for a	contributions				
25		inization completed Form 82						0	
	for which the orga		.00,1 art 10,	Donce Acknowled	20			Yes	No
30a	During the year d	id the organization receive h	v contributi	on any property re	ported in Part I, lines 1 throug	ah 28, that it		100	
554					d which isn't required to be u				
					•		30a		х
b	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.								
31		v	policy that r	equires the review	of any nonstandard contribu	tions?	31	х	
					cit, process, or sell noncash				
	-			-	····, p······, ·· ·····		32a		x
b	If "Yes," describe								
33			column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.				.,				

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

Schedule M (Form 990) 2017

732141 09-07-17

15220409 757994 20245

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

SCHEDULE M, PART I, COLUMN (B):

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

PART I, COLUMN (B).

Schedule M (Form 990) 2017

732142 09-07-17

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11 - 2494808

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
2017
2017
Open to Public
Inspection
Employer identification number

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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

AND IN REFUGEE CAMPS.

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

SUPPORTED WIDE-RANGING HUMANITARIAN PROGRAMS THAT CATERED TO NEEDY

PALESTINIANS WITHIN THESE REGIONS. ITS PROGRAMS FALL INTO FOUR MAIN

AREAS: HEALTH CARE, EDUCATION & UNDERGRADUATE SCHOLARSHIPS, CHILD

SPONSORSHIP, AND COMMUNITY DEVELOPMENT.

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

OUTREACH AND PUBLIC INFORMATION - ALL EXPENSES INCURRED TO EDUCATE THE

GENERAL PUBLIC AND RAISE AWARENESS ABOUT PALESTINIAN HISTORY, LANGUAGE

AND CULTURE.

EXPENSES \$ 185,366. INCLUDING GRANTS OF \$ 26,576. REVENUE \$ 0.

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

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

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

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

THE UPA BOARD OF DIRECTORS CONSTANTLY MONITOR THE ACTIONS OF EVERYONE

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

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

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17
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BOARD APPROVED CONFLICT OF INTEREST POLICY IN PLACE WHICH EFFECTIVELY
COVERS THESE MATTERS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED BY THE BOARD'S EXECUTIVE COMMITTEE BEFORE
EMPLOYMENT CONTRACTS ARE CREATED. CONTRACT AND SALARY REQUIREMENTS ARE
BASED ON SALARY COMPARISON DATA PROVIDED BY INDEPENDENT SURVEYS,
COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION
AND DECISION.
FORM 990, PART VI, SECTION C, LINE 18:
UPA COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORMS 1023 AND 990
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 AND THE ANNUAL
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.
FORM 990, PART VI, SECTION C, LINE 19:
UPA MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON UPA'S WEBSITE.

UNITED PALESTINIAN APPEAL, INC.

732212 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Page 2

Employer identification number 11 - 2494808