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Department of the Treasury

Internal Revenue Service

### \*\* 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.



B       B       Chearting       C       C       Particular       D       Employer identification number         Image: Address       UNITED PALESTINIAN APPEAL, INC.       11-2494808       11-2494808         Image: Address       Image: Address       Image: Address       Image: Address       Image: Address         Image: Address       Image: Address       Image: Address       Image: Address       Image: Address         Image: Address       Image: Address       Image: Address       Image: Address       Image: Address         Image: Address       Image: Address       Image: Address       Image: Address       Image: Address         Image: Address <td< th=""><th>AF</th><th>or th</th><th>e 2018 calendar year, or tax year beginning an</th><th>d ending</th><th>_</th><th></th></td<>	AF	or th	e 2018 calendar year, or tax year beginning an	d ending	_	
Doing business as         11-2494808           International province, country, and ZIP or foreign postal code         Room/suite         E Telephone number           Attended         (202) 659-5007         G. Conservedus 3.3,344,419.           Attended         Mashed         G. Conservedus 4.3,3,344,419.           Attended         Frame and address of principal officer:SALEEM F. ZARU         G. Conservedus 5.3,344,419.           Attended         Frame and address of principal officer:SALEEM F. ZARU         H(e) is this a group return         for subordinates?         Yes No           J Website:         WWW. HELPUPA. ORG         H(e) Group exemption number         If "No", attach alist ice les instructions           J Website:         WWW. HELPUPA. ORG         H(c) Group exemption number         H(c) Group exemption number           1         Taraxexempt ent organization:         X compation or most significant activities: TO ALLEVIATE THE SUFFERING OF           Part II Summary         1         Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.           3         Number of voting members of the governing body (Part VI, line 1a)         3         7           4         If the organization discontinue di veera 2018 (Part VI, line 2a)         5         9           5         Total number of individuals employed in calendar year 2018 (Part VI, line 2a)	B C a	heck if pplicab	le: C Name of organization		D Employer identifie	cation number
Doing business as         11-2494808           International province, country, and ZIP or foreign postal code         Room/suite         E Telephone number           Attended         (202) 659-5007         G. Conservedus 3.3,344,419.           Attended         Mashed         G. Conservedus 4.3,3,344,419.           Attended         Frame and address of principal officer:SALEEM F. ZARU         G. Conservedus 5.3,344,419.           Attended         Frame and address of principal officer:SALEEM F. ZARU         H(e) is this a group return         for subordinates?         Yes No           J Website:         WWW. HELPUPA. ORG         H(e) Group exemption number         If "No", attach alist ice les instructions           J Website:         WWW. HELPUPA. ORG         H(c) Group exemption number         H(c) Group exemption number           1         Taraxexempt ent organization:         X compation or most significant activities: TO ALLEVIATE THE SUFFERING OF           Part II Summary         1         Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.           3         Number of voting members of the governing body (Part VI, line 1a)         3         7           4         If the organization discontinue di veera 2018 (Part VI, line 2a)         5         9           5         Total number of individuals employed in calendar year 2018 (Part VI, line 2a)			UNITED PALESTINIAN APPEAL, INC.			
Image: Second Secon					11-2	494808
Image: Structure of the set of the		Initial	V	Room/suite		
Bit Market Argender       City or town, state or province, country, and ZIP or foreign postal code       G cross-receipts s       33,344,419.         Argender       WASHINGTON, DC 20036       Hai Is this a group returm       for this this a group returm         SAME       ASS C ABOVE       Hai Is this a group returm       for subordinates?       Yes X       No         I Tax-exempt status:       X 501(c)(3)       501(c)(.) < (insert no.)						
WASHINGTON, DC 20036       H(a) is this a group return for subordinates?         Application perform       F Name and address of principal officer.SALEEM F. ZARU SAME AS C ABOVE       H(a) is this a group return for subordinates included?       Yes No         1 Tax exempt status:       X 501(c)(3)       101(c)(1)       (insert no.)       4947(a)(1) or       527         1 Website:       MWW. HELPUPA.ORG       H(c) Group exemption number I       K         K Form of organization:       X Corporation       Trust       Association       Other IN       L vear of formation:       1978 M State of legal domicile: NY         Part I       Summary       Briefly describe the organization's mission or most significant activities:       TO ALLEVIATE THE SUFFERING OF         PALESTINITANS;       ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2018 (Part V, line 1a)       4         4       Number of individuals employed in calendar year 2018 (Part V, line 2a)       6         6       Ta       7a       0.         7       Total number of voling members of the governing body (Part V, line 1a)       32, 930, 136. 32, 972, 052.         9       Program service revenue (Part VIII, column (A), lines 3		termi			<b>G</b> Gross receipts \$	33,344,419.
pending       SAME       AS       C       ABOVE         I Taxexempt status:       X 501(c)(3)       501(c).		_lreturr	WASHINGTON, DC 20036		H(a) Is this a group re	eturn
SARE AS C ABOVE       H(b) Are all subcontates included?) Yes       No         I Taxexempt status: X J Sol(c)(3) 501(c) ( ▲ (insert nc.) 4947(a)(1) or 527       H(b) Are all subcontates included?) Yes       No         J Website: WWW. HELPUPA.ORG       H(c) Group exemption number ►       H(c) Group exemption number ►       H(c) Group exemption number ►         K form of organization: X Gropation       Tust       Association       Other ►       L Year of formation: 1978 M State of legal domicile: NY         Part II       Summary       I Briefly describe the organization's mission or most significant activities: TO ALLEVIATE THE SUFFERING OF         PALESTINIANS; ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP       Check this box ►       if the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of indipendent voting members of the governing body (Part VI, line 1a)       4       7         4       Number of individuals employed in calendar year 2018 (Part VI, line 2a)       5         6       7       Total number of individuals employed in calendar year 2018 (Part VI, line 2a)       5         9       Total number of individuals employed in calendar year 2018 (Part VI, line 2a)       6       7         7       Total number of individuals employed in calendar year 2018 (Part VI, line 2a)       6       7         9       Forgram service revenue (Part VIII, column (A), line 12       7 <td></td> <td>Appli tion</td> <td></td> <td></td> <td>for subordinates</td> <td>? Yes 🗴 No</td>		Appli tion			for subordinates	? Yes 🗴 No
J Website: ▶ WWW. HELPUPA. ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation Trust Association Other ▶       L year of formation: 1978 M State of legal domicile: NY         Part II       Summary       L year of formation: 1978 M State of legal domicile: NY         Part II       Summary       L year of formation: 1978 M State of legal domicile: NY         Part II       Summary       L year of formation: 1978 M State of legal domicile: NY         Part II       Summary       I Briefly describe the organization's mission or most significant activities: TO ALLEVIATE THE SUFFERING OF         PALESTINIANS;       ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP         3       Number of voing members of the governing body (Part VI, line 1a)       3       7         4       Number of individuals employed in calendar year 2018 (Part VI, line 2a)       5       9         6       77       7a       Total number of voiunteers (estimate if necessary)       6       77         7       8       Contributions and grants (Part VIII, locumn (A), line 3, 4, and 7d)       1957, 229       119, 781.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1957, 229       119, 781.         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       1957, 229       119, 781.         11       Other revenue (			SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No
K Form of organization:       X Corporation       Trust       Association       Other ►       L Year of formation:       1978 M State of legal domicile: NY         Partel       Summary       Briefly describe the organization's mission or most significant activities:       TO ALLEVIATE THE SUFFERING OF         PALESTINIANS;       ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       7         4       Number of independent voting members of the governing body (Part VI, line 2a)       6       7         5       70       Total number of individuals employed in calendar year 2018 (Part VI, line 2a)       6       7         6       77       7a       136.       77       70       0.         9       Program service revenue (Part VIII, column (C), line 38.       0				) or 🛄 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO ALLEVIATE THE SUFFERING OF PALESTINIANS; ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       5         6       Total number of volunteers (settimate if necessary)       6         7 a Total number of volunteers (settimate if necessary)       6         7 a Total numelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, line 38.       7b         9       Program service revenue (Part VIII, line 1h)       23, 930, 136.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       195, 229.         11       Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       15, 695.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24, 141, 060.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22, 116, 244.       31, 971, 779.         14       Beel						
Image: Section of the section of t		_	-	L Year	of formation: 1978	State of legal domicile: NY
PALESTINIANS; ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       7         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       7         5       0       9       6       7         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       7         7       Total number of volunteers (estimate if necessary)       6       7       7         6       Total number of volunteers (estimate if necessary)       6       7       7         7       Total number of volunteers (estimate if necessary)       6       7       7       0       0         9       Program service revenue from Form Part VIII, column (C), line 12       7       0 <td< td=""><td>Pa</td><td></td><td></td><td></td><td></td><td></td></td<>	Pa					
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	e	1	Briefly describe the organization's mission or most significant activities: TO A		ATE THE SUFF.	ERING OF
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	Jan					
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	/err				_	
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	ĝ					-
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	<u>م</u>	-			·····   •	
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	ties					
b         Net unrelated business taxable income from Form 990-T, line 38         7b         0.           Prior Year         Current Year         23,930,136.32,972,052.         9           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         195,229.119,781.         15,695.163.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         15,695.163.         163.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         22,116,244.31,971,779.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         222,116,244.31,971,779.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         6222,565.695,105.         695,105.           16a         Proferssional fundraising expenses (Part IX, column (D), line 25)         292,291.         486,709.662,037.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         23,225,518.33,328,921.         915,542236,925.           19         Revenue less expenses. Subtract line 18 from line 12         915,542236,925.         23,049,362.4,566,667.           21         Total assets (Part X, line 16)         5,049,3	tivi	-				
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       23,930,136.32,972,052.         9       Program service revenue (Part VIII, column (A), line 2g)       0.0.0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       195,229.119,781.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       15,695.163.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,141,060.33,091,996.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22,116,244.31,971,779.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622,565.695,105.         16a       Profex years (Part IX, column (A), line 25)       292,291.         17       Other expenses (Part IX, column (A), line 25)       292,291.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23,225,518.33,328,921.         19       Revenue less expenses. Subtract line 18 from line 12       915,542236,925.         19       Revenue less expenses. Subtract line 18 from line 12       33,503.113,901.         10       Total assets (Part X, line 26)       33,50	Ac					
8       Contributions and grants (Part VIII, line 1h)       23,930,136.       32,972,052.         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       195,229.       119,781.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       15,695.       163.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,141,060.       33,091,996.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       22,116,244.       31,971,779.         14       Benefits paid to or for members (Part IX, column (A), lines 5.10)       622,565.       695,105.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       292,291.       1         17       Other expenses (Part IX, column (D), line 25)       292,291.       23,225,518.       33,328,921.         19       Revenue less expenses. Subtract line 18 from line 12       915,542.       -236,925.       232,225,518.       33,328,921.         19       Revenue less expenses. Subtract line 18 from line 12       915,542.       -236,925.       233,503.       113,901.         10       Total sasets (Part X, line 16)       33,503.       133,503.       113,9		a	Net unrelated business taxable income from Form 990-1, line 38	<u></u>		
9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.00.00.00.00.00.00.00.00.00.00.00.00.0		0	Contributions and grants (Part VIII line 1h)			32,972,052.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       13, 093.       163.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24, 141, 060.       33, 091, 996.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22, 116, 244.       31, 971, 779.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622, 565.       695, 105.         16a       Professional fundraising fees (Part IX, column (D), line 25)       292, 291.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23, 225, 518.       33, 328, 921.       19         19       Revenue less expenses. Subtract line 18 from line 12       915, 542.       -236, 925.         19       Total assets (Part X, line 16)       33, 503.       113, 901.         21       Total liabilities (Part X, line 26)       33, 503.       113, 901.         22       Net assets or fund balances. Subtract line 21 from line 20       5, 015, 859.       4, 452, 766. </td <td>Jue</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Jue					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       13, 093.       163.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24, 141, 060.       33, 091, 996.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       22, 116, 244.       31, 971, 779.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622, 565.       695, 105.         16a       Professional fundraising fees (Part IX, column (D), line 25)       292, 291.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       486, 709.       662, 037.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23, 225, 518.       33, 328, 921.         19       Revenue less expenses. Subtract line 18 from line 12       915, 542.       -236, 925.         20       Total assets (Part X, line 16)       5, 049, 362.       4, 566, 667.         21       Total liabilities (Part X, line 26)       33, 503.       113, 901.         22       Net assets or fund balances. Subtract line 21 from line 20       5, 015, 859.       4, 452, 766.	evel 3		<b>o o o o</b>		-	
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,141,060.33,091,996.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22,116,244.31,971,779.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.00.00.00.00.00.00.00.00.00.00.00.0	æ					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       22,116,244.       31,971,779.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622,565.       695,105.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       292,291.       486,709.       662,037.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       486,709.       662,037.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       915,542.       -236,925.         19       Revenue less expenses. Subtract line 18 from line 12       915,049,362.       4,566,667.         20       Total assets (Part X, line 16)       5,049,362.       4,566,667.         21       Total liabilities (Part X, line 26)       33,503.       113,901.         22       Net assets or fund balances. Subtract line 21 from line 20       5,015,859.       4,452,766.						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.00.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622,565.095,105.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00.00.00.00.00.00.00.00.00.00.00.00.0						
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       622,565.695,105.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00.00.         b       Total fundraising expenses (Part IX, column (D), line 25)       292,291.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       486,709.662,037.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23,225,518.33,328,921.         19       Revenue less expenses. Subtract line 18 from line 12       915,542236,925.         20       Total assets (Part X, line 16)       5,049,362.4,566,667.         21       Total liabilities (Part X, line 26)       33,503.1113,901.         22       Net assets or fund balances. Subtract line 21 from line 20       5,015,859.4,452,766.		14			• •	
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       292, 291.       486, 709.       662, 037.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       486, 709.       662, 037.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23, 225, 518.       33, 328, 921.         19       Revenue less expenses. Subtract line 18 from line 12       915, 542.       -236, 925.         20       Total assets (Part X, line 16)       5, 049, 362.       4, 566, 667.         21       Total liabilities (Part X, line 26)       33, 503.       113, 901.         22       Net assets or fund balances. Subtract line 21 from line 20       5, 015, 859.       4, 452, 766.	ŝ	15			622,565.	695,105.
17       Other expenses (Part X, column (A), lines 114-114, 111-24e)       19       10	nse	16a			0.	0.
17       Other expenses (Part X, column (A), lines 114-114, 111-24e)       19       10	xpe			291.		
19       Revenue less expenses. Subtract line 18 from line 12       915,542.       -236,925.         915,542.       -236,925.       Beginning of Current Year       End of Year         915,049,362.       4,566,667.       33,503.       113,901.         915,015,859.       4,452,766.	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         5,049,362.         4,566,667.           21         Total liabilities (Part X, line 26)         33,503.         113,901.           22         Net assets or fund balances. Subtract line 21 from line 20         5,015,859.         4,452,766.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		19	Revenue less expenses. Subtract line 18 from line 12		915,542.	-236,925.
	s or			В		
	sets alan	20	Total assets (Part X, line 16)			
	at As 1d B	21	Total liabilities (Part X, line 26)		-	
					5,015,859.	4,452,766.

Part II Signature Block

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

Sign Here	Signature of officer SALEEM F. ZARU, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid	Print/Type preparer's namePreparer's signatureR. MATTHEW FRANKR. MATTHEW FRANK	Date Check PTIN 06/18/19 if self-employed P01277196
Preparer	Firm's name 🕨 FRANK & COMPANY, P.C.	Firm's EIN 54-1156733
Use Only	Firm's address ▶ 1360 BEVERLY ROAD, SUITE 300	
	MCLEAN, VA 22101	Phone no. 703 - 821 - 0702
May the I	AS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	UNITED PALESTINIAN APPEAL, INC. (UPA) IS A NEW YORK NOT-FOR-PROFIT, NON-POLITICAL, TAX EXEMPT CHARITY COMMITTED TO PROVIDING SOCIAL	
	SERVICES TO IMPOVERISHED PALESTINIANS RESIDING IN THE WEST BANK,	
	JORDAN, GAZA STRIP AND IN LEBANESE REFUGEE CAMPS. FOUNDED IN 1978, UP	A
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	] No
	If "Yes," describe these new services on Schedule O.	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	. ∣No
4	If "Yes," describe these changes on Schedule O. 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 \$ 31,832,669. including grants of \$ 31,445,031. ) (Revenue \$)	
	HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MEDIUM AND LONG-TERM	
	HEALTH PROJECTS INCLUDING MOBILE CLINICS AND PRIMARY CARE CLINICS. AS	
	WELL AS SERVICES INCLUDING EMERGENCY FOOD DISTRIBUTION, MEDICAL VISIT PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIANS IN THE WEST	ວ,
	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.	
	(Code: ) (Expenses \$ 499,923. including grants of \$ 446,440. ) (Revenue \$	
4b	(Code:)(Expenses \$ 499,923. including grants of \$ 446,440.) (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 \$133,791. including grants of \$80,308.) (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.	
	EMPLOYMENT.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 247,445. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 32,713,828.	(00+1
2000	Form <b>990</b>	(2018
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Part IV Checklist of Required Schedules

UNITED PALESTINIAN APPEAL, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	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			v
	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	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		х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
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Form 990 (	2018)	UNITED	PALESTINIAN	NIAN APPEAL, INC.	
Part IV	Checklist of R	equired Sc	hedules (continued)		

UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 4 equired Schedules (continued)

Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
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			
	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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
Der	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
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Form 990	(2018)	UNITED	PALESTINIAN	APPEAL,	INC.
Part V	Statement	s Regarding C	Other IRS Filings a	nd Tax Com	pliance (continued)

UNITED PALESTINIAN APPEAL, INC.

			Yes	No
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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country:  OTHER COUNTRY			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	6a		~
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a h	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 was required	10		
-	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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11				
	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
U	amounts due or received from them.) <b>11b</b>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form	990	(2018)	1
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UNITED PALESTINIAN APPEAL, INC.

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

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Χ

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.

		/	Yes	╉
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	,		
	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Ī
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	-
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			•
			Yes	•
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			-
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ī
		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120	<u> </u>	-
Ŭ	in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	X	-
4	Did the organization have a written document retention and destruction policy?	14	X	-
4 5	Did the process for determining compensation of the following persons include a review and approval by independent			-
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	x	
		15a 15b	X	-
D.	Other officers or key employees of the organization	130		
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ud		16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
ect	exempt status with respect to such arrangements?		I	-
	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>			-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3	)e only		- 1-
8		is only	, avall	Ji
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 books and records			
	UNITED PALESTINIAN APPEAL, INC 202-659-5007			
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHINGTON, DC 200	)36		
2006	12-31-18	Form	1 <b>990</b>	Ì
	6			
10	618 757994 20245 2018.03050 UNITED PALESTINIAN APPEAL,	201	245	

(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated
	<b>Employees, and Independe</b>	nt Contrac	ctors			

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

(D)

( ^ )

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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.

 $(\mathbf{n})$ 

**(D)** 

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(10	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee		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 (	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	comi				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lns	9f	Key	Hig	Ъ.			
(1) GEORGE SALEM	2.00							0		0
TREASURER	4 00	X		X				0.	0.	0.
(2) ISAM SALAH	4.00									
SECRETARY		Х		х				0.	0.	0.
(3) DR. MOHAMMAD TARBUSH	1.00							_		_
CHAIRMAN		Х						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) FREDERICK T. HADEED	1.00									
DIRECTOR		x						0.	0.	0.
(8) SALEEM ZARU	40.00									
EXECUTIVE DIRECTOR				x				137,600.	0.	20,616.
								,	-	
		-								
							<u> </u>			
		-								
			-							
		-								
			<u> </u>		<u> </u>					
		-								
		$\vdash$	_		<u> </u>		<u> </u>			
		4								
			$\vdash$							
		1								
832007 12-31-18						-				Form <b>990</b> (2018)

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Form 9		2018) UNITED PA	ALESTIN:	IAI	NZ	API	PE/	AL,	,	INC.	11-2	<u>494</u>	808	Pa	ıge <b>8</b>
Part	VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
		(A) Name and title	(B) Average hours per week (list any hours for related	tee or director of xog	not c , unle	ss pe	ition more rson irecto	than is bot pr/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d 1s	am com fro orga	(F) timated nount of other pensat om the anizatio	of tion e on
			organizations below line)	Individual tru	Institutional t	Officer	Key employee	Highest compensated employee	Former					l relate	
				-											
				-											
1b :	Sub-	total		-						137,600.		0.	2	0,61	16.
c d	Total Total	from continuation sheets to Part VI (add lines 1b and 1c) number of individuals (including but n	II, Section A				· · · · · · ·			0 • 137 , 600 • eceived more than \$100	),000 of reportab	0. 0.	2	0,61	0. 16.
	comp	pensation from the organization													1
		ne organization list any <b>former</b> officer, a? If "Yes," complete Schedule J for s								•			3	Yes	No X
4	For a and r	ny individual listed on line 1a, is the su elated organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	d ot e J i	her compensation from for such individual	the organization		4	x	
		ny person listed on line 1a receive or a					-			-			E		х
		ered to the organization? If "Yes," com . Independent Contractors	ipiele Schedul	eji	or si	ucn	pers	SON .					5		
	-	olete this table for your five highest co rganization. Report compensation for	-	-								npens	ation f	rom	
		(A) Name and business			ONE					(B) Description of s		С	(C comper	;) nsation	ı
2	Total	number of independent contractors (i	ncluding but r	not li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100	,000 of compensation from the organi	zation 🕨				(	0					Form	<b>990</b> (2	018)

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Form	ı 99	0 (;			INIAN AP	PEAL, INC.		11-2494	808 Page 9
Pa	rt \	/11							
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns	1a	47,049.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
a, o			Fundraising events						
Gift lar ,			Related organizations						
imil imil			Government grants (contribut						
tion S			All other contributions, gifts, gran						
the			similar amounts not included abo	ve 1f	32,925,003.				
dt		g	Noncash contributions included in lines	1a-1f: \$	31,071,687.				
aCo		h	Total. Add lines 1a-1f			32,972,052.			
					Business Code				
e	2	а							
Program Service Revenue		b							
Su		с							
ran ev		d							
.0 <u>0</u>		е							
ų.		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)			107,707.			107,707.
	4		Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5		Royalties		►				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)		🕨				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	264,497.					
		b	Less: cost or other basis						
			and sales expenses	252,423.					
			Gain or (loss)			10.054			10.054
	•		Net gain or (loss) Gross income from fundraisin		<b>&gt;</b>	12,074.			12,074.
Other Revenue	0	a	including \$	of					
Rev			contributions reported on line	-					
ler			Part IV, line 18						
Oth			Less: direct expenses						
	-		Net income or (loss) from fund		<b>&gt;</b>				
	9	а	Gross income from gaming ac						
		1-	Part IV, line 19						
			Less: direct expenses						
	10		Net income or (loss) from gam	-	<b>&gt;</b>				
	10	а	Gross sales of inventory, less						
		h	and allowances Less: cost of goods sold						
		U	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	2	OTHER INCOME		900099	163.	163.		
		a b					100.		
		c							
			All other revenue						
			Total. Add lines 11a-11d			163.			
	12		Total revenue. See instructions			33,091,996.	163.	0.	119,781.
83200					····· P	· · ·	I		Form <b>990</b> (2018)

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Part IX Statement of Functional Expenses

UNITED PALESTINIAN APPEAL, INC.

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	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	21 071 770	21 071 770		
	individuals. See Part IV, lines 15 and 16	31,971,779.	31,971,779.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155 070		24 120	25 676
_	trustees, and key employees	155,879.	86,065.	34,138.	35,676
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	470,326.	259,830.	102,924.	107,572
7	Other salaries and wages	470,520.	259,050.	102,924.	107,572
8	Pension plan accruals and contributions (include	8,050.	3,944.	2 000	2 000
~	section 401(k) and 403(b) employer contributions)	28,601.	14,013.	2,008. 7,133.	2,098 7,455
9	Other employee benefits	32,249.	15,801.	8,042.	8,406
0	Payroll taxes	52,249.	15,001.	0,042.	0,400
1	Fees for services (non-employees):				
	Management	683.		683.	
b	F	20,322.		20,322.	
	Accounting	20,522.		20, 522.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e 4					
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	8,495.	4 162	2 119	2 214
~		148,019.	4,162. 88,795.	2,119. 8,387.	2,214 50,837
2	Advertising and promotion	88,981.	48,143.	29,225.	11,613
3 ⊿	Office expenses	6,666.	40,143.	6,666.	11,015
4 5	Information technology	0,000.		0,000.	
5 6	Royalties	77,379.	37,912.	19,298.	20,169
6 7	Occupancy	36,679.	57,512.	36,679.	20,105
, 8	Payments of travel or entertainment expenses	50,0,5			
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	27,273.	24,666.	2,607.	
9 0	Interest		21,0000		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	31,656.	15,510.	7,895.	8,251
23	Insurance	2,305.	1,129.	575.	601
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.)	102 117	140 070	2 6 2 0	27 200
	POSTAGE AND SHIPPING BANK CHARGES	183,117.	142,079.	3,639.	37,399
b	DAINT CHARGES	30,462.		30,462.	
С					
d					
	All other expenses	33,328,921.	32,713,828.	322,802.	292,291
5	Total functional expenses. Add lines 1 through 24e	55,540,941.	54,113,040.	J44,0U4.	494,491
6	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here  fill following SOP 98-2 (ASC 958-720)				

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Form **990** (2018)

10 2018.03050 UNITED PALESTINIAN APPEAL, 20245\_1

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UNITED PALESTINIAN APPEAL, INC.

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I UI		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			694.	1	3,030.
	2	Savings and temporary cash investments			1,698,042.	2	1,450,612.
	3	Pledges and grants receivable, net		Г	127,825.	3	84,665.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ស		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
¥8	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			17,734.	9	22,073.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	460,546.			
	Ь	Less: accumulated depreciation	10b	194,311.	283,275.	10c	266,235.
	11	Investments - publicly traded securities			2,921,792.	11	2,740,052.
	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			5,049,362.	16	4,566,667.
	17	Accounts payable and accrued expenses	33,503.	17	113,901.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŷ	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
lide		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D				25	
	26				33,503.	26	113,901.
		Organizations that follow SFAS 117 (ASC 958	), checl	k here 🕨 🗴 and			
ŝŝ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			4,051,249.	27	4,214,843.
ala	28				964,610.	28	237,923.
Б	29	Permanently restricted net assets				29	
'n		Organizations that do not follow SFAS 117 (A					
م ا		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or eq			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			5,015,859.	33	4,452,766.
	34	Total liabilities and net assets/fund balances			5,049,362.	34	4,566,667.
	•	· · · · · · · · · · · · · · · · · · ·					Form <b>990</b> (2018)

Form **990** (2018)

## Form 990 (2018) UNIT

Form	1990 (2018) UNITED PALESTINIAN APPEAL, INC.	11-24	94808	Pag	ge <b>12</b>			
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	33,09					
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,32					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,01					
5	Net unrealized gains (losses) on investments	5	-32	6,1	68.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	4,45	2,7	66.			
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?		<b>2</b> a		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?		<b>2</b> b	Х				
	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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	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							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>						
			-	nnn				

Form **990** (2018)

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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
2018
Open to Public

Inspection r identification nu

Name of the org	anization
-----------------	-----------

Nall			ie organization ITNT ጥ		NIAN APPEAL,	TNC				1-2494808			
Pa	rt I		Reason for Public (				is part.) Se	ee instructions		1 2494000			
			zation is not a private found										
1	[												
2			A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)										
3			A hospital or a cooperative					ii).					
4			A medical research organiz						(iiii). Enter	the hospital's name.			
			city, and state:		·,			··· ·· · · · · · · · · · · · · · · · ·		·····,			
5			An organization operated for	or the benefit of a co	lleae or university owned	d or operat	ted by a d	overnmental u	init describ	bed in			
			section 170(b)(1)(A)(iv). (C		5 ,		, ,						
6			A federal, state, or local gov	. ,	nental unit described in	section 17	'0(b)(1)(A)	(v).					
7	Х			-					he general	public described in			
			An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8			A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9			An agricultural research org				ed in conju	unction with a	land-grant	college			
			or university or a non-land-g										
			university:						0				
10			An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	nd gross receipts from			
			activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment			
			income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.			
		_	See <b>section 509(a)(2).</b> (Cor	nplete Part III.)									
11			An organization organized a	and operated exclusion	ively to test for public sa	afety.See <b>s</b>	section 50	09(a)(4).					
12			An organization organized a	and operated exclusion	ively for the benefit of, to	o perform t	the function	ons of, or to ca	arry out the	e purposes of one or			
			more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	5 <b>09(a)(2)</b> .	See section 5	6 <b>09(a)(3).</b> C	Check the box in			
	_		lines 12a through 12d that	describes the type o	f supporting organizatio	n and corr	plete line	s 12e, 12f, and	d 12g.				
а			Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving			
			the supported organization		• • • • •	a majority o	of the dire	ctors or truste	es of the s	supporting			
	_		organization. You must c										
b	L		Type II. A supporting org	-				-		-			
			control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported			
	Г		organization(s). You mus										
с	L		Type III functionally inte						ly integrate	ed with,			
	Г		its supported organization										
d	L		Type III non-functionally						-				
			that is not functionally int			•		-	a an attent	iveness			
~	Г		requirement (see instruct										
е			Check this box if the orga functionally integrated, or					а туре ї, туре	п, туре п				
f	Fn	nter	the number of supported of										
a			de the following information	•									
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other			
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tet													
Tota	ai												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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## Schedule A (Form 990 or 990-EZ) 2018 UNITED PALESTINIAN APPEAL, INC. 11-24948 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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

Sec	ction A. Public Support	_					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12086132.	13893996.	17384370.	23930136.	33109101.	100403735
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	12086132.	13893996.	<u>17384370.</u>	<u>23930136.</u>	33109101.	100403735
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						100403735
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a)2014 12086132.	(b) 2015	(c)2016 17384370.	(d) 2017	(e) 2018	(f) Total 100403735
7	Amounts from line 4	12086132.	T3833336.	1/3843/0.	Z3930130.	33109101.	100403735
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	04 760	93,997.	124,938.	122 002	107 707	
_	and income from similar sources	94,760.	95,997.	124,938.	133,092.	107,707.	554,494.
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	104.	122.		15,695.	163.	16,084.
	assets (Explain in Part VI.)	104.	122.		15,095.		100974313
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities					12	1009/4313
12	First five years. If the Form 990 is fo	, ,	,	d fourth or fifth to			
13	organization, check this box and stop		s inst, second, trii	u, iourtii, or iiitii ta	ax year as a sectio	11 301(0)(3)	
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
	Public support percentage for 2018 (			column (f))		14	99.43 %
	Public support percentage from 2017					15	99.26 %
	<b>33 1/3% support test - 2018.</b> If the						7 -
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	is 🕨 🗌
					Sche	edule A (Form 990	or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 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.)

	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
									_
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5			ļ					
7a	Amounts included on lines 1, 2, and						I		
	3 received from disqualified persons								
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								-
	tion B. Total Support								-
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	6	e) 2018	(f) Total	
	Amounts from line 6	(4) 2011	(0) 2010	(0) 2010	(4) 2011		1/2010	(1) Fotal	-
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								-
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								-
	First five years. If the Form 990 is for	the organization's	l s first second thi	I rd fourth or fifth t	l av vear as a sectio	n 501/	c)(3) organiz	l	-
	check this box and stop here	-			•		· · · · •		٦
Sec	tion C. Computation of Publi	c Support Pe	rcentage					·····	4
	Public support percentage for 2018 (li			column (f))		15			%
10	Public support percentage from 2017					16			%
									70
16			c i ciociilage			17			<u></u>
16 Sec	tion D. Computation of Inves			(m = 10 = m + m = m + 10)					
16 Sec 17	tion D. Computation of Invest Investment income percentage for 20	<b>18</b> (line 10c, colur	mn (f), divided by I						
16 Sec 17 18	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	<b>18</b> (line 10c, colur 2017 Schedule A,	mn (f), divided by l Part III, line 17			18	است المعرم /		
<u>16</u> Sec 17 18	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the	<b>18</b> (line 10c, colur 2017 Schedule A, organization did r	mn (f), divided by l Part III, line 17	on line 14, and line	e 15 is more than 3	<b>18</b> 33 1/39			
16 Sec 17 18 19a	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar	<b>18</b> (line 10c, colur 2017 Schedule A, organization did r nd <b>stop here.</b> The	mn (f), divided by I Part III, line 17 not check the box organization qual	on line 14, and line ifies as a publicly s	e 15 is more than 3 supported organiza	18 33 1/39 ation		▶□	
16 Sec 17 18 19a	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	<b>18</b> (line 10c, colur 2017 Schedule A, organization did r nd <b>stop here.</b> The organization did r	mn (f), divided by l Part III, line 17 not check the box organization qual not check a box o	on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	<b>18</b> 33 1/39 ation ore tha	n 33 1/3%, a	and	
16 Sec 17 18 19a b	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	18 (line 10c, colur 2017 Schedule A, organization did r ad stop here. The organization did r ck this box and st	mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	18 33 1/39 ation ore tha orted o	n 33 1/3%, a	and ►	<u>%</u> % ]
16 Sec 17 18 19a b 20	tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	18 (line 10c, colur 2017 Schedule A, organization did r ad stop here. The organization did r ck this box and st	mn (f), divided by I Part III, line 17 not check the box organization qual not check a box or cop here. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a anization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo his box and see ins	18 33 1/39 ation ore tha orted o structio	n 33 1/3%, a rganization ons	and ►	%

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 (as 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) 2018 UNITED PALESTINIAN APPEAL, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
832025	5 10-11-18 Supported organization is in res, describe in <b>Part VI</b> the role played by the organization in this regard. Schedule A (Form 9		0-F7	2018
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#### Schedule A (Form 990 or 990-EZ) 2018 UNITED PALESTINIAN APPEAL, INC.

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

Section A - Adjusted N	et Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term cap	ital gain	1		
2 Recoveries of prio	r-year distributions	2		
3 Other gross incom	e (see instructions)	3		
4 Add lines 1 throug	h 3	4		
5 Depreciation and o	depletion	5		
6 Portion of operatin	g expenses paid or incurred for production or			
collection of gross	income or for management, conservation, or			
maintenance of pr	operty held for production of income (see instructions)	6		
7 Other expenses (s	ee instructions)	7		
8 Adjusted Net Inco	ome (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum A	sset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair mar	ket value of all non-exempt-use assets (see			
instructions for she	ort tax year or assets held for part of year):			
a Average monthly v	alue of securities	1a		
<b>b</b> Average monthly c	ash balances	1b		
<b>c</b> Fair market value of	of other non-exempt-use assets	1c		
d Total (add lines 1a	n, 1b, and 1c)	1d		
e Discount claimed	for blockage or other			
factors (explain in	detail in <b>Part VI</b> ):			
2 Acquisition indebt	edness applicable to non-exempt-use assets	2		
3 Subtract line 2 from	m 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-e	xempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .	035	6		
7 Recoveries of prio	r-year distributions	7		
8 Minimum Asset A	mount (add line 7 to line 6)	8		
Section C - Distributab	le Amount			Current Year
1 Adjusted net incor	ne for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line	1	2		
3 Minimum asset an	nount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of lin	e 2 or line 3	4		
5 Income tax impose	ed in prior year	5		
6 Distributable Am	ount. Subtract line 5 from line 4, unless subject to			
emergency tempo	rary reduction (see instructions)	6		
	if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	anization (see

instructions).

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#### Schedule A (Form 990 or 990-EZ) 2018 UNITED PALESTINIAN APPEAL, INC.

Pa	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 organization	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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>    i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Form 000 or 000 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

12170618 757994 20245

<u>Sche</u> dule	A (Form 990 o	or <u>990</u> -EZ	) <u>2018</u> (	JNITEI	D PA	LESTIN	IAN A	PPEAL	, INC.		11-24	94808 Pa	ag
Part V	Part IV, Se line 1; Part Section D,	nental I ection A, li t IV, Section lines 5, 6	nes 1, 2, on D, line	a <b>tion.</b> Pr 3b, 3c, 4 es 2 and 3	rovide th b, 4c, 5a ; Part IV	ne explanati a, 6, 9a, 9b, ′, Section E	ons requii 9c, 11a, 1 , lines 1c,	ed by Par 1b, and 1 2a, 2b, 3a	t II, line 10; P 1c; Part IV, S , and 3b; Par	ection B, lir t V, line 1; F	7a or 17b; Part II nes 1 and 2; Part Part V, Section B, Iditional informat	I, line 12; IV, Section C line 1e; Part \	;,
	(See instru				1.0								
	OULE A,			LINE	10,	ЕХРЬА	NATIC	N FOR	OTHER	INCOM	LE:		
MISCE	LLANEOU	JS INC	COME										
2014	AMOUNT :	\$	104.	,									
2015	AMOUNT :	\$	122.	•									
2017	AMOUNT :	\$	15,6	595.									
2018	AMOUNT :	\$	163.										
832028 10-	11-18							20		Sch	edule A (Form 9	90 or 990-EZ	) 2
17061	8 75799	1 202				18.030		20					

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

2018

Employer identification number

	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amo D-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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

VIII. line 1h:

12170618 757994 20245

Employer identification number

(d)

Type of contribution

Person

X

11-2494808

#### UNITED PALESTINIAN APPEAL, INC.

_		\$ <u>30,750,319</u> .	Payroll       Noncash     X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08-18		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	2	22	

2018.03050 UNITED PALESTINIAN APPEAL, 20245\_1

Schedule B	(Form 990,	990-EZ, or	990-PF	) (2018)	
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Name	of	oro	ion	iza	tion
INALLE	UI.	UIU	an	ıza	liuii

Page **3** 

UNITED PALESTINIAN APPEAL, INC.

Employer identification number

11 - 2494808

#### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PHARMACEUTICALS 1 30,750,319. 04/27/18 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 823453 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 23

12170618 757994 20245

2018.03050 UNITED PALESTINIAN APPEAL,

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			Page					
Name of o	organization			Employer identification number					
UNITE	D PALESTINIAN APPEAL, 1	INC.		11-2494808					
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a	itions to organizations described in							
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. onc	e.) ► \$					
(a) No.	Use duplicate copies of Part III if additiona								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
			_						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I									
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Door	ription of how dift is hold					
Part I		(c) Use of gift	(d) Desc	ription of how gift is held					
		e) Transfer of g	iff						
	(e) transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of g	ift						
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee					
	·								
823454 11-08	8-18	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2018					

12170618 757994 20245

2018.03050 UNITED PALESTINIAN APPEAL, 20245\_1

**SCHEDULE D** 

Department of the Treasury

(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.



Internal Revenue Service Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Employer identification number 11 - 2494808

organization answered 'Yes' on Form 980, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (b) Aggregate value of antis form (during year)       (c) Aggregate value of antis form (during the participate)       (c) Aggregate value of antis form (during the participate)       (c) Aggregate value of antis form (during the participate)       (c) Aggregate value of adgregate)       (c) Aggregate value of adgregate)       (c) Aggregate value of adgregate)       (c) Aggregate value of Aggreg	Pa	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accounts.Complete if the
I Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2 Aggregate value of contributions to (during year)		organization answered "Yes" on Form 990, Part IV, line 6.		
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors advisors in writing that the assets held in donor advisor during the second only 5 for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 7 meanization's property subject to the organization answered "Yest" on Form 980, Part IV, line 7. 1 Part II Conservation Easements. Complete if the organization answered "Yest" on Form 980, Part IV, line 7. 1 Part II Conservation Easements held by the organization (check all that apply). 1 Preservation of and for public use (e.g., recreation or educiation) 2 Complete line 2 a through 2 if the organization held a qualified conservation catrified historic structure 2 Preservation of open space 2 Complete line 2 a through 2 if the organization held a qualified conservation catrified historic structure 2 Preservation of conservation easements 3 conservation easements include (in (a) acquired aff 7/25/06, and not on a historic structure 3 total number of conservation easements include (in (a) acquired aff 7/25/06, and not on a historic structure 4 Number of otonservation easements include (in (a) aquired aff 7/25/06, and not on a historic structure 3 vear			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors advisors in writing that the assets held in donor advisor during the second only 5 for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 7 meanization's property subject to the organization answered "Yest" on Form 980, Part IV, line 7. 1 Part II Conservation Easements. Complete if the organization answered "Yest" on Form 980, Part IV, line 7. 1 Part II Conservation Easements held by the organization (check all that apply). 1 Preservation of and for public use (e.g., recreation or educiation) 2 Complete line 2 a through 2 if the organization held a qualified conservation catrified historic structure 2 Preservation of open space 2 Complete line 2 a through 2 if the organization held a qualified conservation catrified historic structure 2 Preservation of conservation easements 3 conservation easements include (in (a) acquired aff 7/25/06, and not on a historic structure 3 total number of conservation easements include (in (a) acquired aff 7/25/06, and not on a historic structure 4 Number of otonservation easements include (in (a) aquired aff 7/25/06, and not on a historic structure 3 vear	1	Total number at end of year		
<ul> <li>3 Aggregate value of grants from (during year)</li> <li>4 Aggregate value at end of year</li> <li>Do the organization inform all donors and donor advisors in writing that the assets held in donor advisod funds are the organization informs all donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization (check all that apply).</li> <li>Perservation of and for public use (e.g., ecreation or education)</li> <li>Preservation of a doit or public use (e.g., ecreation or education)</li> <li>Preservation of a doit or public use (e.g., ecreation or education)</li> <li>Preservation of a conservation easements.</li> <li>2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>2 Total inneh or conservation easements.</li> <li>2 Total acreage restricted by conservation easements.</li> <li>2 ad under the advisor of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure</li> <li>2 bd.</li> <li>3 Number of conservation easements nadified, transferred, released, extinguished, or terminated by the organization during the tax year.</li> <li>4 Abumber of states where property subject to conservation easements in located &gt;</li> <li>Complete intex day of working the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>S add rot orden of the conservation easements in societad &gt;</li> <li>Number of taxes where property subject to conservation easements in toda?</li> <li>S boes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>S</li> <li>S boes the organization hav</li></ul>	2			
4 Aggregate value at end of year	3			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisot funds are the organization is property, subject to the organization's exclusive legal control?	4			
B dit the organization inform all granteses, donors, and donor advisor, or for any other purpose conferring	5		g that the assets held in donor advised	funds
B dit the organization inform all granteses, donors, and donor advisor, or for any other purpose conferring		are the organization's property, subject to the organization's excl	usive legal control?	Yes No
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6			
Part II       Conservation Easements. Complete if the organization (check all that appl).         Purpose(s) of conservation easements held by the organization (check all that appl).         Protection of natural habitat         Preservation of all of or public use (e.g., recreation or education)       Preservation of a dira for public use (e.g., recreation or education)         Preservation of one pasce       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a Total number of conservation easements       2d         b Total acreage restricted by conservation easements       2d         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year />2d         4 Number of states where property subject to conservation easements is holds?       year />2d         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         > \$       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements.         Paint of all volunteer hours devoted to on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)         and section 170(h)(4)(B)(0)?       Paint III				
1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of land for public use (e.g., recreation or education)       □         □       Preservation of a historically important land area         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total acreage restricted by conservation easements         b       Total acreage restricted by conservation easements         c       Number of conservation easements an certified historic structure included in (a)         2a       2a         3       Number of conservation easements and certified historic structure included in (a)         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easements is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         ▶ 3       Does deach conservation easement reported on line 2(a) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes       No         9       In		impermissible private benefit?		Yes No
□       Preservation of a land for public use (e.g., recreation or education)       □       Preservation of a constructive         □       Preservation of a natural habitat       □       Preservation of a conservation easement on the last         day of the tax year.       1       Held at the End of the Tax Year         a Total number of conservation easements       2a       1         b Total acreage restricted by conservation easements       2a       2a         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located >	Pa	t II Conservation Easements. Complete if the organiz	ation answered "Yes" on Form 990, Part	IV, line 7.
□       Protection of natural habitat       □       Preservation of a certified historic structure         □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         a Total number of conservation easements       2a         2.0       2a         2.1       2a         2.2       2a         2.1       2a         2.2       2a         2.1       2a         2.1       2a         2.1       2a         2.1       2a         2.2       2a         2.3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure         2.1       1.2         3       Number of states where property subject to conservation easement is located >         4       Number of states where property subject to conservation easements in holds?         5       Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of vi	1	Purpose(s) of conservation easements held by the organization (	heck all that apply).	
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total acreage restricted by conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year because written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds? No Bose the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year S Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(n) Yes No 9 In Part XII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Comparization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XII		Preservation of land for public use (e.g., recreation or education	ation) Preservation of a historic	ally important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2 In the lat the End of the Tax Year 2 A number of conservation easements on a certified historic structure included in (a) 2 A number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Easements		Protection of natural habitat	Preservation of a certified	historic structure
day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       2b         b Total acreage restricted by conservation easements       2c         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		Preservation of open space		
a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of states where property subject to conservation easement is located ▶   4 Number of states where property subject to conservation easement is located ▶   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   ▶ *   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   ▶ *   9 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)?   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   Part III Organization answered 'Yes' on Form 990, Part IV, line 8.   1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a	a conservation easement on the last
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of states where property subject to conservation easement is located ▶       2d         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       Yes       No         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       >       Yes       No         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       >       \$       No         6       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organization answered "Yes" on Form 990, Part IV, line 8.       If the organization answered		day of the tax year.		Held at the End of the Tax Year
<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li></ul>	а	Total number of conservation easements		2a
d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	b	Total acreage restricted by conservation easements		2b
listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	с	Number of conservation easements on a certified historic structu	re included in (a)	2c
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structure	
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>		listed in the National Register		2d
<ul> <li>4 Number of states where property subject to conservation easement is located ▶</li></ul>	3			
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>		year ►		
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	4	Number of states where property subject to conservation easeme	ent is located 🕨	
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>▲</li> <li>▲</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <ul> <li>▲</li> <li>▲</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>△ Yes</li> <li>No</li> </ul> </li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> </ul> Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p</li></ul>	5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part XIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets</li></ul></li></ul>				
<ul> <li>\$</li></ul>	6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing conserv	vation easements during the year
<ul> <li>\$</li></ul>		▶		
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iiii) Assets or held works of art, historical treasures, or other</li></ul>	7		of violations, and enforcing conservation	easements during the year
<ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>				
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
	~			
	2	-	-	iin, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
Accepte included on Form 990, Part VIII, line 1     S				
b Assets included in Form 990, Part X				\$ Schedule D (Form 990) 2018

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		PALESTINIA								8 Page <b>2</b>
Pai	t III   Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	nificant u	se of its	collectior	n items
	(check all that apply):									
a		c			change progra					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	XIII.	
5	During the year, did the organization solicit of							_	٦.,	<b>—</b>
De	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" on H	-orm 990,	Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diarv for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
	, , , , , , , , , , , , , , , , , , , ,	,	5						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	on has beer	n provided on	Part XIII				
Pa	rt V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line 10	D.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back 🛛 🕻	<b>d)</b> Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administe	ered for the	e organiza	ation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				)				3b	
4	Describe in Part XIII the intended uses of the	Y	owment	funds.						
Pa	<b>t VI</b> Land, Buildings, and Equipm			/ line did a f	0					
	Complete if the organization answere		,	ŕ – –		, ,			(-1) D	
	Description of property	(a) Cost or o basis (investi			t or other (other)		cumulated reciation	<b>,</b>	(d) Bool	( value
10	Land		nonty		84,840.	uepi	colation		8	4,840.
	Land				54,522.	1	23,72	3		1,040. 0,799.
	Buildings Leasehold improvements				1,111.		<u>35,40</u>			5,755. 5,711.
	Equipment				1,111.		$\frac{33,40}{31,61}$			3,934.
	Other				9,524.		$\frac{32}{3}, 57$			5,951.
	Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B) line :			- / - /			5,235.
		,	., 50.01					F		

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Part VII Investments - O	ther Securi	ties.		
Schedule D (Form 990) 2018	UNITED	PALESTINIAN	APPEAL,	INC.

Complete if the arganization answered Yes' on Form 900, Part V, line 115. See Form 900, Part X, line 12. (b) Biodiv due (c) (Method of valuation: Cost or end of year market value (c) Cosely-field equity interests (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year	Complete if the organization answered "Voc" o	n Form 990 Part IV	line 11h See Form 000	Part X line 12	
1) Francisid drivatives					d-of-year market value
2) Closer/y-leid equity interests A) Other A) A A B B C C B B C C B B C C B C C C B C					
3) Other					
(A)         (B)         (C)         (C) <td></td> <td></td> <td></td> <td></td> <td></td>					
(B)       (C)         (C)       (C)         (B)       (C)         (B)       (C)         (G)					
Cite       Image: Cite					
(D)       (B)         (B)       (B)         (G)       (G)         (G)					
(B)       (B)         (B)       (B)         (C)       (C)         (C)					
(F)       (G)         (G)					
(a)       (b)         (ch)       (ch) (h) must equal Form 990, Part X, col. (β) line 12.) ►         Part YUIII       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (a)       (c)       (c) Method of valuation: Cost or end-of-year market value         (b)       (c)       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)					
(H)       Intervention of investments       Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (e) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (e) Method of valuation: Cost or end-of-year market value         (1)       (f)       (f)         (2)       (f)       (f)         (3)       (f)       (f)         (9)       (f)       (f)         (1)       (f)       (f)         (2)       (f)       (f)         (3)       (f)       (f)         (6)       (f)       (f)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶         Part VIIII         Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (d)         (e)         (f)         (g)         (g)         (g)         (g)         (h)         (g)         (h)         (g)         (h)         (g)         (h)					
Part VIII         Investments - Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (d)         (a)         (b) Eook value         (c) Method of valuation: Cost or end-of year market value           (d)         (d)         (e)         (f)         (f)           (d)         (f)         (f)         (f)         (f)           (f)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (f)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (g)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (f)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of year market value           (a)         (c)         (c) Method of valuation: Cost or end-of year market value           (a)         (c)         (c) Method of valuation: Cost or end-of year market value           (a)         (c)         (c)         (c)           (a)         (c)         (c)         (c)           (b)         (c)         (c)         (c)         (c)           (b)         (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)					
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)		n Form 990. Part IV	. line 11c. See Form 990	. Part X. line 13.	
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (6)         (7)       (7)         (8)       (7)         (9)       (9)         (9)       (1)         (1)       (1)         (2)       (2)         (3)       (2)         (3)       (2)         (3)       (2)         (3)       (3)         (4)       (5)         (6)       (6)         (7)       (1)         (9)       (2)         (9)       (2)         (1)       (2)         (3)       (3)         (4)       (4)         (5)       (6)         (6)       (1)         (6)       (2)         (7)       (2)         (1)       Federal income taxes         (2)       (3)         (3)       (1)         (2)       (2)         (3)       (2)         (4)       (4)         (5)       (5)         (6)       (2)         (7)       (2)         (3					d-of-year market value
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (6)         (7)       (7)         (8)       (7)         (9)       (9)         (9)       (1)         (1)       (1)         (2)       (2)         (3)       (2)         (3)       (2)         (3)       (2)         (3)       (3)         (4)       (5)         (6)       (6)         (7)       (1)         (9)       (2)         (9)       (2)         (1)       (2)         (3)       (3)         (4)       (4)         (5)       (6)         (6)       (1)         (6)       (2)         (7)       (2)         (1)       Federal income taxes         (2)       (3)         (3)       (1)         (2)       (2)         (3)       (2)         (4)       (4)         (5)       (5)         (6)       (2)         (7)       (2)         (3	(1)				-
(3)       (4)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1)       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (1)       Foderal income taxes       (c)         (2)       (c)       (b) Book value         (1)       Foderal income taxes       (c)         (2)       (c)       (c)         (3)       (c)<					
(4)					
(5)					
(6)       (7)         (8)       (9)         (9)       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Description of liability         (a) Description of liability       (b) Book value         (1)       (c) Description of liability         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       (c)         (3)       (c)         (4)       (c)         (6)       (c)         (6)       (c)         (7)       (c)         (3)       (c)         (4)       (c)         (6)       (c					
(7)       (8)         (9)       (9)         Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a)       (b) Book value         (1)       (a)       (b) Book value         (3)       (b)       (c)       (c)         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (8)       (c)       (c)       (c)       (c)         (9)       (c)       (c)       (c)       (c)       (c)         (a) Description of liability       (b) Book value       (c)       (c)       (c)         (1) Federal income taxes       (c)       (c)       (c)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1) Federal income taxes       (c)					
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(9)       Image: Control of Contrecont control of Contrel					
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (a) Description of liability         (3)       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (b) Book value         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (7)       (c)         (6)       (c)         (7)       (c)					
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (b) Book value       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (1)       Fedra (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c)         (a)       (b) Book value       (c)         (1)       Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 116 or 111. See Form 990, Part X, line 25.       (c)         (1)       Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)<					
(a) Description       (b) Book value         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (9)       (c)         (9)       (c)         (9)       (c)         (9)       (c) <td< td=""><td></td><td>on Form 990. Part IV</td><td>. line 11d. See Form 990</td><td>. Part X. line 15.</td><td></td></td<>		on Form 990. Part IV	. line 11d. See Form 990	. Part X. line 15.	
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Othat. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (8)       (10)         (9)       (10)         (11)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (2)       (2)         (3)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (9)       (10)         (11)       (11)         (20)       (20) </td <td></td> <td></td> <td>,</td> <td>, ,</td> <td>(b) Book value</td>			,	, ,	(b) Book value
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Othat. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (8)       (10)         (9)       (10)         (11)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (2)       (2)         (3)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (9)       (10)         (11)       (11)         (20)       (20) </td <td>(1)</td> <td></td> <td></td> <td></td> <td></td>	(1)				
(3)       (4)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         (9)       (1) Federal income taxes         (2)       (2)         (3)       (1) Federal income taxes         (4)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (9)       (1) Fourt equal Form 990, Part X, col. (B) line 25.)         (2)       (2)         (1) Fourt equal Form 990, Part X, col. (B) line 25.)         (2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (2)					
(4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (6)         (7)       (6)         (6)       (7)         (7)       (9)         (8)       (9)         (9)       (10) Book value         (11) Federal income taxes       (2)         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (6)         (7)       (10)         (8)       (10)         (9)       (10)         2)       (2)         2)       (2)         (6)       (2)         (7)       (10)         (8)       (10)         (9)       (10)         2)       (10)         2)       (10)         2)       (10)					
(5)   (6)   (7)   (8)   (9)   Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)    Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	• •				
(6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       (b)         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (c)         2.       (c)         (b)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (b)       (c)         (c)       (c)         (b)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (d)       (c)         (e)	• •				
(7)       (8)         (9)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Innust equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       ▶         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b)         (2)       (a)         (3)       (b)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       >         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(9)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (a)         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (c)         2.       (c)         (b)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (f)       (c)         (g)       (c)         (f)<					
Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value     (1) Federal income taxes     (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>X X</b> <td></td> <td></td> <td></td> <td></td> <td></td>					
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1)       Federal income taxes		15)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (6)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		on Form 990, Part IV	line 11e or 11f. See For	m 990. Part X. line 25	i.
(1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(a) Description of lightlift.	,.			-
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			( )	-	
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>L</b> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(6)       (7)         (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		05)			
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Sche	dule D (Form 990) 2018 UNITED PALESTINIAN APPEAL,	INC.		11-	2494808	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per F			
	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	32,765,	828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-326,168.	•		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	-326,	
3	Subtract line 2e from line 1			3	33,091,	996.
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				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,091,	996.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	r Retu	ırn.	
Pa	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		h Expenses per			0.01
<b>Pa</b>				r Retu	ırn. 33,328,	921.
	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:					921.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements					921.
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				921.
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	2a 2b				921.
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.)	2a 2b 2c 2d				
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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	· · ·		33,328,	0.
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.)	2a 2b 2c 2d	· · ·	1		0.
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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	· · ·	1 2e	33,328,	0.
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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	· · ·	1 2e	33,328,	0.
1 2 3 4	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 4a	· · ·	1 2e	33,328,	0.
1 2 a b c d e 3 4 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 Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	· · ·	1 2e 3	33,328, 33,328,	0. 921. 0.
1 2 d e 3 4 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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 4a 4b	· · ·	1 2e 3	33,328,	0. 921. 0.

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.
832054 10-29-18 Schedule D (Form 990) 2018
170618 757994 20245 2018.03050 UNITED PALESTINIAN APPEAL, 20245_1

Schedule D		990)	2018
Deat VIII	-	-	

Part XIII Supplemental Information (continued)		
832055 10-29-18		Schedule D (Form 990) 2018
	29	

SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates	OMB No. 1545-0047
(Form 990)			on answered "Yes" on Form 990, Part			2018
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer id	entification number
UNITED PALESTI					11-249	
		Activities Ou	tside the United States. Compl	ete if the orgar	nization answei	red "Yes" on
Form 990, Part <b>1 For grantmakers.</b> Doe	•	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
			the selection criteria used to award th			X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance	e outside the
3 Activities per Region. (	The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service, e specific type	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type e(s) in the regio	investments
		in the region			., .	in the region
			GRANTS TO RECIPIENTS	HEALTH AND		
MIDDLE EAST AND			LOCATED IN REGION. GRANTS TO ORGANIZATIONS AND	EDUCATION 2	DEVELOPMENT	,
NORTH AFRICA -			DONATIONS OF MEDICAL DRUGS	SPONSORSHI		32,104,137.
			DONATIONS OF MEDICAL DROGD	DI ONDORDITI	. 5	52,104,157.
MIDDLE EAST AND						
NORTH AFRICA -	3		PROGRAM TRAVEL			0.
3 a Subtotal	6	0				32,104,137.
<b>b</b> Total from continuation						
sheets to Part I	C	0				0.
c Totals (add lines 3a						
and 3b)	6	0				32,104,137.

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

Schedule F (Form 990) 2018

832071 10-31-18

Page 2

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.

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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	35,975.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,877.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	31,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	4,800.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,600.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	8,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
-		NORTH AFRICA -	HEALTH AND WELFARE		WIRE TRANSFER	0.		
			recognized as charities by the tion 501(c)(3) equivalency letters					
						······ · · · · · · · · · · · · · · · ·		

Schedule F (Form 990) 2018

UNITED PALESTINIAN APPEAL, INC.

11-2494808

								Fage 2
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)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
	(	/	grant	or out grant		assistance	assistance	appraisal, other)
		MIDDLE EAST AND						
	_	NORTH AFRICA -	HEALTH AND WELFARE	14,000.	WIRE TRANSFER	0.		_
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6 000	WIRE TRANSFER	0.		
				0,000.				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	56,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	5,260.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		0.0.05				
		NORTH AFRICA -	HEALTH AND WELFARE	26,605.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	5 998.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	3,486.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	12,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	עדאנ חוט אאום שביד באסבי	6 020	WIRE TRANSFER	0.		
		NORTH AFRICA -	HEALTH AND WELFARE	0,932.	WIRE TRANSFER	۰.		

UNITED PALESTINIAN APPEAL, INC.

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> 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	4,000.	WIRE TRANSFER	٥.		
				, ,				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	45,194.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		10.000				
		NORTH AFRICA -	HEALTH AND WELFARE	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	58,966.	WIRE TRANSFER	٥.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	1,326.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND NORTH AFRICA -	ט דא ז תיט אאו ז גע די דא ס די	20.000	WIRE TRANSFER	0	FOOD	
		NORTH AFRICA -	HEALTH AND WELFARE	20,000.	WIRE IRANSFER	· ·	FOOD	
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	24,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	100,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND NORTH AFRICA -	אדאו, דע אאר שפי פאפי	1 1 5 2	WIRE TRANSFER	0.		
		NORTH AFRICA -	HEALTH AND WELFARE	L 1,100.	WINE INAMOPER	U.		

UNITED PALESTINIAN APPEAL, INC.

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM)
	(·· - - - ····)		grant	or caon grant		assistance	assistance	appraisal, other)
		MIDDLE EAST AND						
	_	NORTH AFRICA -	HEALTH AND WELFARE	46,880.	WIRE TRANSFER	0.		_
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9 280	WIRE TRANSFER	0.		
				5,200.				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,340.	WIRE TRANSFER	Ο.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	2,392.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,125.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		01.000				
		NORTH AFRICA -	HEALTH AND WELFARE	21,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	39 000	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	1,160.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	6,924.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

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						2000		Faye Z
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	29,790.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	13,046.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		20. 272				
		NORTH AFRICA -	HEALTH AND WELFARE	29,273.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	9,614.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	10,980.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		16 560	WIRE TRANSFER	0.		
		NORTH AFRICA -	HEALTH AND WELFARE	10,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	24,120.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	20,160.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND	ט באז הים אזה נופי באס ב	0.000	WIRE TRANSFER	0.		
		NORTH AFRICA -	HEALTH AND WELFARE	9,000.	MILE ILANSLER	U.		

UNITED PALESTINIAN APPEAL, INC.

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Part II Continuation	on of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9	90), Part II, line	)	-
<b>1</b> (a) Name of organizat	ion <b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	13,842.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		2 621		0		
		NORTH AFRICA	HEALTH AND WELFARE	2,031.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	8,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	24 562		0.		
		NORTH AFRICA	HEALIH AND WELFARE	24,502.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	9,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	18 000	WIRE TRANSFER	0.		
				10,000.				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	7,326.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	15,780.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	77,675.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	)	-
1 (a) Name of organizatior	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	7,100.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH AND WELFARE	2,680.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	22,750.	WIRE TRANSFER	٥.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	5,992.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	5 580	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	8,400.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	14 780	WIRE TRANSFER	0.		
				14,700.				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	8,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

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Schedule	1 (10111990)	•					22000		Faye Z
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	22 342	WIRE TRANSFER	٥.		
					22,342.	WIKE IKANSPER			
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	1,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	2,813.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	1 490.	WIRE TRANSFER	٥.		
					_,,				
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	1,372.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	20,552.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	29,999.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	12 000	WIRE TRANSFER	٥.		
			NORTH AFRICA	HEADIN AND WEDFARE	12,900.	MINE INANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	22,341.	WIRE TRANSFER	٥.		

UNITED PALESTINIAN APPEAL, INC.

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Part II Con			ations or Entities Outside the	United States	(Schedule E (Form 9	90) Part II line	1)	i age z
1 (a) Name of org	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagian	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	1,044.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	4,000.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	2 588.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	23 842	WIRE TRANSFER	0.		
		NORTH AFRICA	HEADIN AND WEDFARE	23,042.	WIRE TRANSPER	••		
		MIDDLE EAST AND		2 0 4 0				
		NORTH AFRICA MIDDLE EAST AND	HEALTH AND WELFARE	2,940.	WIRE TRANSFER	0.		
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		11916036	MEDICINES	APPRAISAL
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	750.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	18,460.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	٥.		

UNITED PALESTINIAN APPEAL, INC.

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Schedule	1 (10111990)								Faye Z
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
<b>1</b> (a) Nam	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	4,440.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	13,092.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	42 189	WIRE TRANSFER	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	7,060.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	6,790.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	37 749	WIRE TRANSFER	٥.		
				IEADIII AND WEDFARE	57,745.	WIKE IKANSPER			
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	12,250.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	84,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND		2 510	WIRE TRANSFER			
			NORTH AFRICA	HEALTH AND WELFARE	3,510.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

								Fayez
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM <sup>)</sup> appraisal, other)
		-						
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	30,575.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	24,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	13 000.	WIRE TRANSFER	0.		
				,				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	4,522.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		26.000	WIRE TRANSFER	0		
		NORTH AFRICA	HEALTH AND WELFARE	28,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	766.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	1,872.	WIRE TRANSFER	0.		
				_,				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	6,340.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

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									Faye Z
Part II (	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	-
<b>1</b> (a) Name o	of organization	(b) IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	4,610.	WIRE TRANSFER	٥.		
					,				
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	18,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND		6 000		0.		
			NORTH AFRICA	HEALTH AND WELFARE	8,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	31,943.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	22,155.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	12 462	WIRE TRANSFER	0.		
					12,102.				
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	6,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND		450				
			NORTH AFRICA	HEALTH AND WELFARE	470.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						

UNITED PALESTINIAN APPEAL, INC.

11-2494808

								Fage 2
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 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	200,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	2,460.	WIRE TRANSFER	٥.		
				, ,				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	1,380.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	2 100	WIRE TRANSFER	0.		
		NORTH AFRICA	HEALIN AND WEDFARE	2,100.	WIRE IRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	2,266.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	133,190.	WIRE TRANSFER	0.		_
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	48,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	9,000.	WIRE TRANSFER	Ο.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

	1 (10111330)								Tage Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	Schedule F (Form S	90), Part II, line	1)	
<b>1</b> (a) Nam	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV appraisal, other)
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	11 600	WIRE TRANSFER	0.		
			NORTH AFRICA	HEADIN AND WEDFARE	11,000.	WIKE IKANSPER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	6,340.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	9,372.	WIRE TRANSFER	0.		

11-2494808

Page 3

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

 Part III can be duplicated if additional space is needed.
 (a) Type of grant or assistance
 (b) Begion
 (c) Number of
 (d) Amount of
 (e) Manner of
 (f) Amount of
 (g) Desc.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND						
EDUCATION AND SCHOLARSHIPS	NORTH AFRICA	0	0.	WIRE TRANSFER	0.		
						EMBRACING LIFE - THE	
						PROGRAM EMPOWERS	
	MIDDLE EAST AND					PALESTINIAN MEDICAL	
HEALTH AND WELFARE	NORTH AFRICA	0	0.	WIRE TRANSFER	0.	PERSONNEL TO PROVIDE	FMV
	_						
							+
							-
	1	1	1	1		Scher	lule F (Form 990) 2018

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

### Schedule F (Form 990) 2018 UNITED PALESTINIAN APPEAL, INC.

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):

Part V Supplemental Information

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.

;LISTTOTAL 38340

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.

 Schedule F (Form 990) 2018

 47

 12170618 757994 20245
 2018.03050 UNITED PALESTINIAN APPEAL, 20245\_1

AL.	INC.	11-2494808	

Page 5

Schedule F (Form 990) 2018	UNITED	PALESTINIAN	APPEAL,	INC
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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.

### SCHEDULE F, PART III, LINE 1, COL (C):

Supplemental Information

Part V

### THE NUMBER OF INDIVIDUAL RECIPIENTS RECEIVING ASSISTANCE IS DETERMINED

### BY THE NUMBER OF SCHOLARSHIPS THE ORGANIZATION PROVIDED AND THE NUMBER

OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGANIZATION.

SCHEDULE F, PART III, LINE 2, COL (G):

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.

832075 10-31-18

sc	SCHEDULE J Compensation Information			OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2018		2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IU	)	
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		•	Inspection		
Nan	e of the organizatio		Employer i			mber	
		UNITED PALESTINIAN APPEAL, INC.	11-2	249480	8		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for companions Payments for business use of personal residence						
	Image: Tax indemnification and gross-up payments       Image: Health or social club dues or initiation fees         Image: Discretionary spending account       Image: Personal services (such as maid, chauffeur, chef)						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
	Manual Alland	and the second second all states and the second					
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		Z			
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study						
	·	ther organizations Approval by the board or compensation of	committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	0	e payment or change-of-control payment?		4a		X	
b		ceive payment from, a supplemental nonqualified retirement plan?				Х	
с		ceive payment from, an equity-based compensation arrangement?				X	
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	-						
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
	If "Yes" on line 5a o	or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	The organization?			<u>6</u> a		X	
b		ation?		6b		X	
_		or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					v	
-	not described on lines 5 and 6? If "Yes," describe in Part III					X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-		v	
•		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990	) 2018	

832111 10-26-18

11-2494808

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SALEEM ZARU	(i)	137,600.	0.	0.		18,285.	158,216.	0
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Page 3

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2018

**Open to Public** 

. Inspection

Department of the Treasury	
Internal Revenue Service	

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

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

### Name of the organization

UNTTED	PALESTINIAN	APPEAL	TNC.	

Employer identification number
11-2494808

#### TINC . **Types of Property** Part I

		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of de	tormin	ina		
		applicable		amounts reported on	noncash contribu		•	s	
			items contributed	Form 990, Part VIII, line 1g					
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	6	81,248.	FAIR MARKET	VA	LUE		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	Х	2	30,990,439.	APPRAISAL				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ► ( )								
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
							Yes	No	
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 throug	gh 28, that it				
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for				
	exempt purposes for the entire holding period	?				30a		Х	
b	<b>b</b> If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31	Х		
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash					
	contributions?		-			32a		Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,				

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

Schedule M (Form 990) 2018

832141 10-18-18

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

832142 10-18-18 2170618 757994 20245	Schedule M (Form 990) 2013 53 2018.03050 UNITED PALESTINIAN APPEAL, 20245_1

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ

EZ
OMB No. 1545-0047
2018
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:

HAS 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 \$ 247,445. INCLUDING GRANTS OF \$ 0. 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) (2018)

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 10-10-18
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2018.03050 UNITED PALESTINIAN APPEAL, 20245\_1

Name of the organization UNITED PALESTINIAN APPEAL, INC.	Employer identification
BOARD APPROVED CONFLICT OF INTEREST POLICY IN PLACE WHICH	EFFECTIVELY
COVERS THESE MATTERS.	

Schedule O (Form 990 or 990-EZ) (2018)

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.

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12170618 757994 20245

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File	a cor	arata	200	olication	for	oach	roturn	
LIIE	a ser	aiale	app	nication	101	eaun	return.	

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying nur	nber
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN)				
print		11 0404000				
File by the	UNITED PALESTINIAN APPEAL,	11-2494808				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1330 NEW HAMPSHIRE AVENUE,		Social se	curity number (SSN	4)	
instructions	City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20036	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			. 0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870 APPEAL, INC 133			12
<ul> <li>If the</li> <li>If this box</li> <li>1 I reaction</li> <li>2 If t</li> </ul>	hone No. ► 202-659-5007 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until organization named above. The extension is for the org . Calendar year 2018 or . tax year beginning he tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEI ganization's , an check reas	emption Number (GEN), I ich a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending on: Initial return	f this is fo f all memb	r the whole group, ers the extension is npt organization ret	s for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	), or 6069, i	enter the tentative tax, less	3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			_
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			-
us	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO fo	or payment
	or Privacy Act and Paperwork Reduction Act Notice	. see instri	uctions.		Form <b>8868</b> (B	lev. 1-2019)