

Form	990
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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 c+kerset C Name of organization D Employer identification number UNITED PALESTINIAN APPEAL, INC. 11-2494808 UNITED PALESTINIAN APPEAL, INC. 11-2494808 UNITED PALESTINIAN APPEAL, INC. 104 UNITED PALESTINIAN APPEAL, INC. 102 UNITED PALESTINIAN APPEAL, INC. 104 UNited of the organization of the organization of most ison or not status: I (202) 659-5007 UNITED PALESTINIANS SALE AS CABOVE Number of norganization (X) Corparion 1 Titst I Briefy describe the organization mission or most significant activities: TO ALLEVIATE THE SUPFERING OF PALESTINIANS; ESPECIALLY THOSE LIVING IN THE WEST BANK, GAZA STRIP 2 Check this box) 1 If the organization discontinue dis operations or disposed of more than 256 of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 10) 4 6 5 Total number of notopendent voting members of the governing body (Part VI, line 10) 4 6	ΑF	or the	e 2021 calendar year, or tax year beginning and	ending		
Image of the provide status: UNITED PALESTINIAN APPEAR, INC. 11-2494808 Image of the provide status: Number and street (or P.O. box if mails not delivered to street address) Room/suite Telephone number (202) Image of the provide status: Number and street (or P.O. box if mails not delivered to street address) Room/suite Telephone number (202) Image of the provide status: NEW HAMPSHIRE AVENUE, NW IO4 Corest relevants All 1.093,643. Image of the provide status: Solici() 20036 H(a) Is this a group return for subordinates includent? Yes Xin No Image of the provide status: Solici() Solici() (insert no.) 4947(a)(1) or Sorr H(b) Are aff address of principal of the provide status includent? Yes Xin No Image of the provide status: Solici() Solici() (insert no.) 4947(a)(1) or Sorr H(b) Are aff address of principal one status includent? Image of the provide status: Solici() Solici() Solici() H(c) Group exemption number > Part I Summary Solici() Insert (no.) H(b) Are aff address of the provide status includent? H(b) Are aff address of the provide status includent? Image of independent voling members of the governing body (Part Vi, li	В с а	heck if oplicable	c Name of organization		D Employer identified	cation number
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City or town, state or province, country, and 2IP or foreign postal code G dross recepts 3 J. 1/9.3, 743. Mash HIMSTON, DC 20036 F Name and address of principal officer: SALEEM F. ZARU H(a) Is this a group return for subordinates included? Yes No I Taxexemptities SIDI(a) 501(c) (.) (insert no.) 4947(a)(1) or E27 H(a) Is this a group return for subordinates included? Yes No J Website: ▶ WWW. HELPUPA.ORG H(b) Are all subordinates included? Yes No Her of organization: X Corporation Trust Association Other ▶ L Year of formation: 1978 M State of legal domicile:NY Part II 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 bit in dependent voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 13 6 Total number of independent voting members of the governing body (Part VI, line 2b) 4 6 5 Total number of volume resone from Form 990-T, Part I, line 11 7b 0]Final return/		104	(202) 65	9-5007
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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 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 is 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) a 6 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 133 6 Total number of individuals employed in calendar year 2021 (Part V, line 12) 7a 0. 7a Total numelated business revuene from Form 990 T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 257, 856. 345, 383. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6 0. 0. 12 Total newaber self through 11 (must equal Part VIII, column (A), lines 5-10) 867, 374. 1, 091, 767. 13 Grants and similar a		pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
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b Net unrelated business taxable income from Form 990-T, Part I, line 11 17b 0. 9 Prior Year Current Year 5,547,000. 30,557,592. 9 Program service revenue (Part VIII, line 3, 4, and 7d) 257,856. 345,383. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,452. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,866,308. 30,902,975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,375,288. 28,673,700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 867,374. 1,091,767. 16a Professional fundraising fees (Part IX, column (D), line 25) 425,110. 1 0. 0. 17 Other expenses (Part IX, column (D), line 25) 425,110. 1 160,920. 605,253. 18 Total fundraising expenses. Subtract line 18 from line 12 5,705,388. 30,297,722. 160,920. 605,253. 19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	-
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9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0.00.00. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 257, 856.345, 383. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61, 452.00. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 866, 308.30, 902, 975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 4, 375, 288.28, 673, 700. 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						
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 01, 432. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 866, 308. 30, 902, 975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 4, 375, 288. 28, 673, 700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 867, 374. 1, 091, 767. 16a Professional fundraising fees (Part IX, column (D), line 25) 425, 110. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 462, 726. 532, 255. 19 Revenue less expenses. Subtract line 18 from line 12 160, 920. 605, 253. 19 Revenue less (Part X, line 16) 5, 457, 186. 6, 253, 375. 20 Total assets (Part X, line 26) 396, 104. 529, 090. 21 Total liabilities (Part X, line 26) 5, 061, 082. 5, 724, 285.	ñ	9	Program service revenue (Part VIII, line 2g)		• •	· · ·
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 01, 432. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 866, 308. 30, 902, 975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 4, 375, 288. 28, 673, 700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 867, 374. 1, 091, 767. 16a Professional fundraising fees (Part IX, column (D), line 25) 425, 110. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 462, 726. 532, 255. 19 Revenue less expenses. Subtract line 18 from line 12 160, 920. 605, 253. 19 Revenue less (Part X, line 16) 5, 457, 186. 6, 253, 375. 20 Total assets (Part X, line 26) 396, 104. 529, 090. 21 Total liabilities (Part X, line 26) 5, 061, 082. 5, 724, 285.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			345,383.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,375,288. 28,673,700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 867,374. 1,091,767. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 425,110. 462,726. 532,255. 17 Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e) 462,705,388. 30,297,722. 19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. 19 Revenue less expenses. Subtract line 18 from line 12 5,457,186. 6,253,375. 20 Total assets (Part X, line 16) 396,104. 529,090. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.	"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 867, 374.1,091,767. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) ▲ 425, 110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462, 726.532, 255. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 5, 705, 388.30, 297, 722. 19 Revenue less expenses. Subtract line 18 from line 12 160, 920.605, 253. 20 Total assets (Part X, line 16) 5, 457, 186.6, 253, 375. 21 Total liabilities (Part X, line 26) 396, 104.529, 090. 22 Net assets or fund balances. Subtract line 21 from line 20 5, 061, 082.5, 724, 285.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
11 Definite paid to or for members (ratio), out in (1), out (1),		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,375,288.	28,673,700.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▲ 425, 110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462,726. 532,255. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,705,388. 30,297,722. 19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. 20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		14	Benefits paid to or for members (Part IX, column (A), line 4)		•••	•••
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,091,767.
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	use	16a			0.	0.
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	e de la competencia de la comp	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 425 , 1	10.		
19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total labilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.	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) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		19	Revenue less expenses. Subtract line 18 from line 12		160,920.	605,253.
22 Net assets or fund balances. Subtract line 21 from line 20	Les Ces			Be		
22 Net assets or fund balances. Subtract line 21 from line 20	sets alan	20	Total assets (Part X, line 16)			
	t As ud B					
					5,061,082.	5,724,285.

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	Signature of officer		Date			
Here	SALEEM F. ZARU, EXECUT	IVE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	HIN CHIU LO	HIN CHIU LO	04/15/22	self-employed P00968200		
Preparer	Firm's name 🍗 PRAGER METIS CPA	S	Firm's	s EIN ▶ 54-1156733		
Use Only	Firm's address 🖕 1360 BEVERLY ROA	D, SUITE 300				
	MCLEAN, VA 22101		Phone	e no.703-821-0702		
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2 t III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITED PALESTINIAN APPEAL, INC. (UPA) IS A 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, UPA
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ũ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 27,605,760. including grants of \$ 27,404,858.) (Revenue \$)
	HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MEDIUM AND LONG-TERM
	HEALTH PROJECTS INCLUDING MOBILE CLINICS, PRIMARY CARE CLINICS AS WELL
	AS SERVICES INCLUDING EMERGENCY FOOD DISTRIBUTION, MEDICAL VISITS,
	PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIANS IN THE WEST
	BANK, GAZA AND REFUGEE CAMPS IN THE ARAB COUNTRIES. EXPENSES INCURRED
	ALSO INCLUDE PROJECTS THAT DIRECTLY BENEFIT HANDICAPPED, ORPHANED, OR
	EXTREMELY DEPRIVED CHILDREN THROUGH PROGRAMS CONDUCTED BY UPA'S
	PARTNERS.
4b	(Code:) (Expenses \$ 1,138,583. including grants of \$ 980,168.) (Revenue \$)
	COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBUILD AND
	REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES AS WELL AS ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND TO IMPLEMENT
	MICRO-ENTERPRISE, MICRO-FINANCE AND OTHER PROJECTS THAT STIMULATE
	EMPLOYMENT.
4c	(Code:) (Expenses \$ 414,884. including grants of \$ 288,674.) (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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 217,890. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 29,377,117.
	Form 990 (2021)
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Form	990	(2021)

 Form 990 (2021)
 UNITED
 PALESTINIAN
 APPEAL
 INC.

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		<u>X</u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		<u></u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		<u>X</u>
	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	120	- 23	
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	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		37	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
132003	12-09-21	Form	990	(2021)

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132003 12-09-21

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FUIII	330	120211

			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		<u> </u>
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		
	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	05-		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
a	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? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
rai	Check if Schedule O contains a reasonance or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		X -	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-	х	
10000		1 c		(2021)
132004	↓ 12-09-21	Form	550	(2021)

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Form 990 (PALESTINIAN			
Part V	Statements	Regarding C	Other IRS Filings an	nd Tax Comp	oliance	(continued)

					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	13			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accol	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country OTHER COUNTRY					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter tax she			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	-		0		x
Ь	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
b				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor?	7a		x
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- 15		
•	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 or	· · · · · ·		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g						
h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by t	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	۱	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k				
11	Section 501(c)(12) organizations. Enter:	11a	.1			
a L		112				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	111				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13k				
с	Enter the amount of reserves on hand	130	;			
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the 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	t incc	me?	16		X
<i></i>	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
120005	If "Yes," complete Form 6069.			Form	990	(2021)
132005	12-09-21 0			1011	, 200	12021)

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6 Form **990** (2021) 2021.03031 UNITED PALESTINIAN APPEAL PM134841

UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page 6

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1	I		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		5					
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6								
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
			•	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x			
6				6		x			
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u> </u>			
1a		-		7a		x			
L				10					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v			
-	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	v				
а	The governing body?	•••••		<u>8a</u>	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b					
11a									
b									
				12a	х				
b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			12b	X				
С				12c	x				
40	on Schedule O how this was done			13	X	<u> </u>			
13	Did the organization have a written whistleblower policy?				X				
14	Did the organization have a written document retention and destruction policy?			14					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			<u>15a</u>					
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.			. ,					
	X Own website Another's website X Upon request Other (explain)	n on Sr	hedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finer	cial				
13	statements available to the public during the tax year.	a nii ot t	n interest policy, al	i in i di					
20		ke er	tracarda						
20	State the name, address, and telephone number of the person who possesses the organization's boo	uns and							
	UNITED PALESTINIAN APPEAL, INC 202-659-5007	יהסשר		26					
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHING	2.T.OV	, DC 200	סכ					

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132006 12-09-21

2021.03031 UNITED PALESTINIAN APPEAL PM134841

Form 990 (2021)

Form 990 (2021)	UNITED PALESTINIAN AP	PPEAL, INC.	11-2494808	Page 7
Part VII Compen	sation of Officers, Directors, Trustees	s, Key Employees, Hi	ghest Compensated	
Employe	es, and Independent Contractors			
Check if Sc	nedule O contains a response or note to any line i	in this Part VII		
Section A. Officers, I	irectors, Trustees, Key Employees, and Highes	est Compensated Employe	ees	
•	for all persons required to be listed. Report compension is current officers, directors, trustees (wh		c c	-

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploy	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SALEEM ZARU	40.00	_	-		-	1 - 0				
EXECUTIVE DIRECTOR				x				145,000.	0.	27,092.
(2) ISAM SALAH	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) GEORGE SALEM	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) FREDERICK T. HADEED	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) SALMA EL-YASSIR	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANN FRANCIS BARHOUM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) EYAD H. ABED	1.00									
DIRECTOR		Х						0.	0.	0.
				-						
132007 12-09-21	1	I	I	I	I	I	I	1	l	Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) UNITED PA	ALESTINI	AN	A	PP	ΕA	ь,	I	INC.	11-24	9480)8 F	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(do box, offic		(C Posi neck r ss per	C) ition more rson is	l than c s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F) Estimat amount othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		compens from the organization and relation organization	he ation ated
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A							145,000. 0. 145,000.		0.0.0	27,0	0.
2 Total number of individuals (including but no compensation from the organization ►							o re		000 of reportable	•	Yes	1 No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su 	uch individual									[3	x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes, accrue compen	" co satio	mple on fre	ete S om a	Sche any	edule unre	e <i>J f</i> elate	or such individual ed organization or indivic	lual for services		4 X	v
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch r</u>	oers	on .					5	X
Complete this table for your five highest con the organization. Report compensation for the organization for	•	•							•	ensatior	n from	
(A) Name and business	address	NC	ONE	:				(B) Description of s	ervices	Corr	(C) npensatio	on
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos (ted	above) who received mo	ore than	Fo	rm 990	(2021)

132008 12-09-21

		(2021) UNITED PALESTINIA	N APP	PEAL, INC.		11-2494	808 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or note	to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
nts nts	1 a		15,819.				
àrai our	k	Membership dues 1b					
S, O	C	Fundraising events 1c					
ar Iar	C	Related organizations 1d					
, si ini	e	3 ()	61,040.				
er S	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			80,733.				
ont o	ç		44,859.	20 555 500			
<u>ة ن</u>	ł	Total. Add lines 1a-1f		30,557,592.			
			ess Code				
ice	2 8						
er v	k						
n S /eni	C						
grai Rev	C	·					
Program Service Revenue	e	,					
-		All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and					
	3	other similar amounts)		188,418.			188,418.
	4	Income from investment of tax-exempt bond proceeds		,			,
	5	Royalties	° 🚺				
	J		ersonal				
	6 :	a Gross rents6a					
		b Less: rental expenses 6b					
		Net rental income or (loss)					
			Other				
		assets other than inventory 7a 347,633.					
	k	Less: cost or other basis					
е		and sales expenses					
venue	c	Gain or (loss) 7c 156,965.					
0		Net gain or (loss)	🕨	156,965.			156,965.
Other R	8 8	Gross income from fundraising events (not					
ŧ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events	🕨				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		• Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory	ess Code				
sn	44						
ue Deo	11 a	•					
ilar ven	c c						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		30,902,975.	0.	0.	345,383.
13200	9 12-0		····· F				Form 990 (2021

132009 12-09-21

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11-2494808 Page 10 UNITED PALESTINIAN APPEAL, INC. Form 990 (2021) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 28,673,700. 28,673,700. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 38,994. 44,771. 172,091. 88,326. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 772,167. 396,310. 174,971. 200,886. Other salaries and wages 7 8 Pension plan accruals and contributions (include 8,653. 4,441. 1,961. 2,251. section 401(k) and 403(b) employer contributions) 18,512. 81,698. 41,931. 21,255. Other employee benefits 9 57,158. 29,338. 12,951. 14,869. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 12,404. 12,404. b Legal 23,235. 23,235. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 24,216. 24,216. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,919. 8,223. 3,785. 2,519. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 94,728. 29,889. 24,415. 40,424. Office expenses _____ 13 9,727. 9,727. Information technology 14 15 Royalties 19,637. 86,662. 44,480. 22,545. 16 Occupancy 29,888. 29,888. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 6,200. 6,200. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 6,012. 23,106. 11,859. 5,235 Depreciation, depletion, and amortization 22 2,514. 1,290. 570. 654. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 85,457. 47,474. 5,124. 32,859. PRINTING AND ADVERTISIN а 23,012. POSTAGE AND SHIPPING 63,971. 4,294. 36,665. b 61,924. 61,924. BANK CHARGES С d All other expenses е 495,495. 425,110.

11

30,297,722. 29,377,117. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form 990 (2021)

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UNITED	PALESTINIAN	APPEAL.	INC
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Fai		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			503,125.	1	852,905.
	1	Cash - non-interest-bearing			500,932.		651,123.
	2 3	Savings and temporary cash investments	228,678.	2 3	175,921.		
	4	Pledges and grants receivable, net	52,911.	3 4	12,180.		
	- 5	Accounts receivable, net Loans and other receivables from any current or			52,511.		12,100.
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif				5	
	Ŭ	under section 4958(f)(1)), and persons described		6			
6	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			25,087.	9	38,593.
		Land, buildings, and equipment: cost or other				_	,
		basis. Complete Part VI of Schedule D	10a	538,799.			
	b	Less: accumulated depreciation		244,669.	297,921.	10c	294,130.
	11	Investments - publicly traded securities			3,848,532.	11	4,228,523.
	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			5,457,186.	16	6,253,375.
	17	Accounts payable and accrued expenses			242,737.	17	284,776.
	18	Grants payable			18		
	19	Deferred revenue			153,367.	19	244,314.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer,	, director,			
ilitie		trustee, key employee, creator or founder, subst	antial con	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons	s		22	
	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	17-24). C	Complete Part X			
	~~	of Schedule D			396,104.	25	529,090.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			550,104.	26	525,050.
S			ck nere				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			4,867,046.	27	5 690 763.
ala	28	······			194,036.	28	5,690,763. 33,522.
Ыd Е	20	Organizations that do not follow FASB ASC 9		chere		20	
Fur		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,061,082.	32	5,724,285.
2	33	Total liabilities and net assets/fund balances			5,457,186.	33	6,253,375.
						-	600 (0001)

Form 990 (2021)

Form 990 (2021) UNITED

Form	990 (2021) UNITED PALESTINIAN APPEAL, INC.	11-	2494808	<mark>}</mark> Ра	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,29		
3	Revenue less expenses. Subtract line 2 from line 1	3			253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,00		
5	Net unrealized gains (losses) on investments	5		57,9	950.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,72	24,2	<u>185.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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?			X	-
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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

Nam	e of t	he organization						Employer	identification number		
	UNITED PALESTINIAN APPEAL, INC. 11-249480								1-2494808		
Par	tl	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The c	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
		city, and state:									
5 [An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
- 1		section 170(b)(1)(A)(iv). (C									
6	V	A federal, state, or local gov	-								
7	A	An organization that normal	•	ntial part of its support fr	om a gove	ernmental i	unit or from th	ie general p	bublic described in		
a (section 170(b)(1)(A)(vi). (C									
8		A community trust describe			-						
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or		
10		university: An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s membersh	in fees and	aross receipts from		
		activities related to its exem									
		income and unrelated busin		-					-		
		See section 509(a)(2). (Cor				soo acqui					
11		An organization organized a		vely to test for public sat	iatu Saa u	saction 50	0(2)(4)				
12		An organization organized a	-		•			rny out the	ourposes of one or		
12		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga	•••					-	nivina		
u	L	the supported organization	-	-	•	-					
		organization. You must c			majonty o				pporting		
b		Type II. A supporting orga	-		ion with ite	s sunnorte	d organizatio	n(s) by hav	ina		
	L	control or management o	-				-		-		
		organization(s). You mus						jo ino oupp			
с		Type III functionally inte	-		in connect	tion with a	nd functional	lv integrate	d with		
Ū	L	its supported organization	• • •					ly integrate	a with,		
d		Type III non-functionally		-				ted organiz	ration(s)		
		that is not functionally int						-			
		requirement (see instructi	0	v	•						
е		Check this box if the orga	,	•				I Type III			
•	L	functionally integrated, or					1901, 1900	., י י ספי ווי			
f	Ente	r the number of supported o			0 0						
		vide the following information	•								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total											

Schedule	A (Form 990) 2021
Part II	Support Sc

UNITED PALESTINIAN APPEAL, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	23930136.	33109101.	34153359.	5547000.	30557592.	127297188
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	23930136.	33109101	34153359	5547000	30557592.	127297188
4 5	The portion of total contributions	235301301	551051011	541555555	55170000	505575521	12/25/100
Ű	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						127297188
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	23930136.	<u>33109101.</u>	34153359.	5547000.	30557592.	127297188
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	133,092.	107,707.	124,552.	110,713.	188,418.	664,482.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital	15 605	1.60	0.064	61 450		
	assets (Explain in Part VI.)	15,695.	163.	2,264.	61,452.		79,574.
	Total support. Add lines 7 through 10						128041244
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and sto ction C. Computation of Public		-				
	Public support percentage for 2021 (I			column (f))		14	99.42 %
	Public support percentage from 2020					15	99.41 %
	33 1/3% support test - 2021. If the					·	/ 0
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the		•				
	and stop here. The organization qual					,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	s >
						Schedule A	(Form 990) 2021

Schedule A	(Form	990	2021
		550	

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
	check this box and stop here	<u></u>					>
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2021 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organizati	on ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	3 01-04-22					Schedu	le A (Form 990) 2021
			16				

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UNITED PALESTINIAN APPEAL, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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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9c ______ 10a _____ 10b _____ Schedule A (Form 990) 2021

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Pa	rt IV	Supporting Organiza	ations _{(cont}	inued)						
			·						Yes	No
11	Has t	he organization accepted a	gift or contribu	tion from any of the foll	owing persons?					
а	A per	son who directly or indirectly	y controls, eith	er alone or together wit	h persons descr	ibed on lines 11b and				
	11c b	elow, the governing body of	f a supported o	organization?				11a		
b	A fam	nily member of a person desc	cribed on line ⁻	11a above?				11b	1	

TNC

b A family member of a person described on line 11a above?

ΙΝΤΜΕΝ ΟΛΙΕΩΠΤΝΙΑΝ ΛΟΒΕΛΙ

Section B. Type I Supporting Organizations

			res	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D	. All Typ	e III Sup	porting	Organizations

			res	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

11-2/0/000

11c

Vee Ne

Yes No

V. N

Yes No

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructior
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
		1a		
	Average monthly value of securities	1b		
	Average monthly cash balances	10		
	Fair market value of other non-exempt-use assets	1d		
	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	C C			
0	(explain in detail in Part VI):	2		
	Acquisition indebtedness applicable to non-exempt-use assets	3		
	Subtract line 2 from line 1d.	- 3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4		
5	see instructions).	5		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
<u>6</u> 7	Multiply line 5 by 0.035.	7		
	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)	•		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021 UNITED PALESTINIAN APPEAL, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

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instructions).

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported

	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	(i) Section E - Distribution Allocations (see instructions) Excess Distributions P				(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

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Schedule A (Form 990) 2021

Current Year

Section D - Distributions

2

Part VI Supplemental Information. Provide the exp	TINIAN APPEAL INC Ianations required by Part II, line 10;	Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sect Section D, lines 5, 6, and 8; and Part V, Section E, li (See instructions.)	a, 9b, 9c, 11a, 11b, and 11c; Part IV, ion E, lines 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
CHEDULE A, PART II, LINE 10, EXE	LANATION FOR OTHER	INCOME:
ISCELLANEOUS INCOME		
017 AMOUNT: \$ 15,695.		
018 AMOUNT: \$ 163.		
019 AMOUNT: \$ 2,264.		
020 AMOUNT: \$ 61,452.		
2028 01-04-22	21	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2021

Employer identification number

-		
	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Part I

UNITED PALESTINIAN APPEAL, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 23,725,604. Noncash Χ \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 2,698,568. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

14330415 130075 PM134840.0

Employer identification number

Page 2

11-2494808

Name of or	rganization		Employer ide	entification number
UNITE	D PALESTINIAN APPEAL, INC.		11-24	94808
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	I.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
1	MEDICAL AND PHARMACEUTICAL SUPPLIES	_		
		\$ <u>23,725,6</u>	04.	12/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
2	MEDICAL SUPPLIES	_		
<u>Z</u>		\$2,698,5	<u>68.</u>	12/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		- - - \$		

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Schedule B (Form 990) (2021)

14330415 130075 PM134840.0

Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)		Page ²
Name of or	rganization		Employer identification number
UNITEI	D PALESTINIAN APPEAL, II	NC.	11-2494808
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in s) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$
(a) No.	· · · · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	ift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4 	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11	-21		Schedule B (Form 990) (2021)
		25	

(Form	990)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,



Department of the Treasury			Attach to Form 990	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 0 for instructions and the latest information.				
Nam	e of the organizati	on UNITED PALESTINIAN	APPEAL, IN	iC.			identificatio 1-24948	
Pa		ations Maintaining Donor Advise		r Similar Funds	or Ac	counts.	Complete if tl	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor ad	vised funds	(b) Funds and	d other accou	ints
1	Total number at er	nd of year						
2	Aggregate value o	f contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the asset	s held in donor advis	sed func	ls		
		on's property, subject to the organization's					Yes	No.
6		on inform all grantees, donors, and donor a						
		ooses and not for the benefit of the donor o				0		
Do	impermissible priv						Yes	
		ation Easements. Complete if the org			Part IV,	line 7.		
1		servation easements held by the organization	· · · · · ·	<u> </u>				
		n of land for public use (for example, recrea	ition or education)	Preservation o				a
		nf natural habitat n of open space		Preservation o	of a certi	ried historic s	structure	
2			fied concentration con	tribution in the form	of a co	oonvotion or	normant on th	
2	day of the tax year	through 2d if the organization held a qualit r	neu conservation con				at the End of th	
а		onservation easements				2a		
h						2b		
c	•	vation easements on a certified historic structure				2c		
d		vation easements included in (c) acquired a						
		nal Register				2d		
3		vation easements modified, transferred, rel			e organi:		the tax	
	year 🕨	· · ·	, ,	,	0			
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, ins	pection, handling of				
	violations, and enf	orcement of the conservation easements it	t holds?	-			Yes	🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing con	servatio	n easements	during the y	ear
	▶							
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and	d enforcing conserva	ation eas	ements duri	ng the year	
	►\$							
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170	(h)(4)(B)	(i)		
	and section 170(h						Yes	No.
9		be how the organization reports conservation		-				
		d include, if applicable, the text of the footr	note to the organization	on's financial statem	ents tha	t describes t	the	
Da	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical 1		thor S	imilar Acc	ote	
Га		-	-		uiei S		0013.	
4.		f the organization answered "Yes" on Form						
Ta	•	elected, as permitted under FASB ASC 95	•				Orks	
		easures, or other similar assets held for put						
h	•	Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95				sheet works	of	
U	-	sures, or other similar assets held for public						
		ing amounts relating to these items:	Company, education	, or research in full	nerarice		1100,	
	•	ded on Form 990, Part VIII, line 1				₽ 4		
						► \$		
2	.,	received or held works of art, historical tre	asures, or other simil			· ·		
-		unts required to be reported under FASB A			94m, p			
а	-	on Form 990, Part VIII, line 1	-			▶ \$		

Assets included in Form 990, Part X b

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051	10-28-21	

\$

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Sche	dule D (Form 990) 2021 UNITED	PALESTINIAN	APPEAL,	INC.	11	1-2494808 Page 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or Oth	ner Similar A	Assets (continued)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that make	e significant use	e of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	е	Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further t	the organization's ex	kempt purpose	in Part XIII.
5	During the year, did the organization solicit of	or receive donations of	art, historical trea	asures, or other simi	lar assets	
_	to be sold to raise funds rather than to be ma					
Par	t IV Escrow and Custodial Arran		e if the organizati	on answered "Yes"	on Form 990, F	art IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the folic	wing table:			A
						Amount
c	Beginning balance					
a	Additions during the year					
e	Distributions during the year					
20	Ending balance Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	
Par						
		(a) Current year	(b) Prior year			rs back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	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 balance	(line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment		%			
b	Permanent endowment	%				
с	Term endowment	<u>%</u>				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held a	and administered for	the organization	
	by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza			•		3b
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ment funds.			
Fai	Complete if the organization answere		Dort IV line 11e	Saa Earm 000 Dart	V line 10	
	Description of property	(a) Cost or oth basis (investme	• • •		Accumulated depreciation	(d) Book value
4.	Land		,	34,840.	Contion	84,840.
-	Land			54,523.	143,303	
b	Buildings			45,147.	62,545	
	Leasehold improvements			46,025.	30,557	
	EquipmentOther			8,264.	8,264	
	Other		oolumn (D) lie-			294,130.
TULA	- Aud miles ta uniough te. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>. column (B), line</u>	<u>IUC.)</u>		

Schedule D (Form 990) 2021

		STINIAN APPEAI	J, TNC.	11-2494808 Page
(-) D	Investments - Other Securities.			
(-) D	Complete if the organization answered "Yes"			
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	o) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related. Complete if the organization answered "Yes"	on Form 990. Part IV, line 1	1c. See Form 990. Part	X line 13
	(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		1d. See Form 990, Part	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		······
Turtx	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f. See Form 99	0 Part X line 25
1	(a) Description of liability			(b) Book value
1. (1) Fede	eral income taxes			
(1) Fede	טימו וווטטוווכ נמאכס			
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) line	e 25)		

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 UNITED PALESTINIAN APPEAL,	INC.		11-	2494808	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.		
	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	30,936,	,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	57,950.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,950.
3	Subtract line 2e from line 1			3	30,878,	<u>,759.</u>
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	24,216.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		,216.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	30,902,	<u>,975.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				~ ~ ~ ~ ~	
1	Total expenses and losses per audited financial statements			1	30,273,	,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			_		
b	Prior year adjustments			_		
С	Other losses			_		
d	Other (Describe in Part XIII.)			_		•
е	Add lines 2a through 2d			2e	~ ~ ~ ~ ~	0.
3	Subtract line 2e from line 1			3	30,273,	,506.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		24,216.	_		
b	Other (Describe in Part XIII.)	4b				016
С	Add lines 4a and 4b			4c		,216.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	30,297,	,722.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

UPA ACCOUNTS FOR UNCERTAIN TAX POSITIONS UNDER FASB ASC 740. FASB ASC 740
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTERPRISE'S FINANCIAL STATEMENTS. FASB ASC 740 PRESCRIBES A COMPREHENSIVE
MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN FINANCIAL
STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN,
INCLUDING THE POSITION THAT UPA IS EXEMPT FROM INCOME TAXES. UPA BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. UPA'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORM 990) IS OPEN TO EXAMINATION BY THE IRS, GENERALLY FOR
THREE YEARS AFTER IT WAS FILED.
132054 10-28-21 Schedule D (Form 990) 2021 29

Schedule D	(Form 990) 2021
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	Schedule D (Form 990) 2021
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SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 1545-0047
(Form 990)	Complete if	the organization	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2021
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer	identification number
UNITED PALESTI	NIAN APPE	AL, INC.			11-249	94808
		ctivities Out	side the United States. Comple	ete if the organ	ization answ	ered "Yes" on
Form 990, Par	/					
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	e outside the
	(The following Part	L line 3 table ca	an be duplicated if additional space is n	leeded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If acti is a pro	vity listed in (gram service specific typ	, expenditures for and
		contractors in the region	recipients located in the region)	of service	(s) in the regi	on investments in the region
		in the region	GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,	
			LOCATED IN REGION.	COMMUNITY D		r,
MIDDLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION A	ND	
NORTH AFRICA -	3	22	DONATIONS OF MEDICAL DRUGS	SPONSORSHIP	S	28,673,700.
3 a Subtotal		22				28,673,700.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	3	22				28,673,700.
and ob/	·· · · · · · · · · · · · · · · · · · ·	==				

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	9,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	EDUCATION	10 707		0.		
		NORTH AFRICA -	EDUCATION	12,727.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	6,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA - MIDDLE EAST AND	EDUCATION	23,133.	WIRE TRANSFER	0.		
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	36,402.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -	HEALTH & WELFARE,					
		ALGERIA, BAHRAIN,	EDUCATION, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	25,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -					MEDICINES AND	
		ALGERIA, BAHRAIN,		0		0715700	SUPPLIES	
		DJIBOUTI, EGYPT, MIDDLE EAST AND	HEALTH AND WELFARE	0.		2715723.		FMV
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	50,000.	WIRE TRANSFER	٥.		
2 Enter total number of		, ,	recognized as charities by the t	,			1	
			or counsel has provided a sect					41
						►		C

Schedule F (Form 990) 2021

Schedule F (Form 990)

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Page 2

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	25,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	10,444.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	38,500.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	6,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	40,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	EDUCATION AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	11,250.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	7,500.	WIRE TRANSFER	٥.		

Schedule F (Form 990)

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Page **2**

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
I a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, Fl
			gran	or cash grant	Cash disbuisement	assistance	assistance	appraisal, other
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	24,910.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	13,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	58,992.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	14,059.	WIRE TRANSFER		SUPPLIES	FMV
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		23729624	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	EDUCATION	15,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND	HEALTH & WELFARE, AND					
		NORTH AFRICA	COMMUNITY DEVELOPMENT	10,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	24,316.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	89 661.	WIRE TRANSFER	٥.		

Schedule F (Form 990)

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Page 2

Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	9,945.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	28,738.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND NORTH AFRICA	ARTS AND CULTURE	9,000.	WIRE TRANSFER	Ο.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	30 000	WIRE TRANSFER	0.		
				HEALTH & WELFARE, AND EDUCATION	15 000	WIRE TRANSFER	0.		
			NORTH AFRICA	EDUCATION	15,000.	WIRE IRANSPER	•••		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	56 000	WIRE TRANSFER	0.		
			NORTH AFRICA	NEALIN AND WELFARE	56,000.	WIRE TRANSFER	υ.		
			MIDDLE EAST AND		24 252				
			NORTH AFRICA	HEALTH AND WELFARE	24,253.	WIRE TRANSFER	0.		
			MIDDLE EAST AND		100.000				
			NORTH AFRICA	HEALTH AND WELFARE	186,262.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	122,782.	WIRE TRANSFER	٥.		

11-2494808 UNITED PALESTINIAN APPEAL, INC. Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 270,477. WIRE TRANSFER Ο. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 43,583. WIRE TRANSFER Ο. MIDDLE EAST AND NORTH AFRICA 30,000. WIRE TRANSFER 0. HEALTH AND WELFARE MIDDLE EAST AND 29,973. WHEELCHAIRS NORTH AFRICA HEALTH AND WELFARE 0. FMV

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.

additional space is neede	d					
(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
	76	121,442.	WIRE TRANSFER	٥.		
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
DJIBOUTI, EGYPT,	22	259,587.	WIRE TRANSFER	0.		
_						
	(b) Region MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN,	(b) Region(c) Number of recipientsMIDDLE EAST AND-NORTH AFRICAALGERIA, BAHRAIN,-DJIBOUTI, EGYPT,76MIDDLE EAST AND-NORTH AFRICAALGERIA, BAHRAIN,-	(b) Region(c) Number of recipients(d) Amount of cash grantMIDDLE EAST ANDNORTH AFRICAALGERIA, BAHRAIN,DJIBOUTI, EGYPT,76121,442.MIDDLE EAST ANDNORTH AFRICAALGERIA, BAHRAIN,	(D) Region recipients cash grant cash disbursement MIDDLE EAST AND	(b) Region(c) Number of recipients(d) Amount of cash grant(e) Manner of cash disbursement(f) Amount of noncash assistanceMIDDLE EAST AND	(b) Region(c) Number of recipients(d) Amount of cash grant(e) Manner of cash disbursement(f) Amount of noncash assistance(g) Description of noncash assistanceMIDDLE EAST AND<

Schedule F (Form 990) 2021

	1 0111 330/ 2021		11100011111111	
Part IV	Foreign Forms	S		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	XNo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	XNo
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) 2021

132074 12-20-21

Schedule F (Form 990) 2021 UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 5
Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (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 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, PART III, LINE 1, COL (C):

THE NUMBER OF INDIVIDUAL RECIPIENTS RECEIVING ASSISTANCE IS DETERMINED

BY THE NUMBER OF SCHOLARSHIPS THE ORGANIZATION PROVIDED AND THE NUMBER

39

OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGANIZATION.

132075 12-20-21

SC	HEDULE J	I	OMB No. 1	545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	1	
•	Compensated Employees		20	Z I	
_	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization E	mployer ide	ntificatio	on nur	nber
	UNITED PALESTINIAN APPEAL, INC.	11-24	9480	B	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal	luse			
	Travel for companions Payments for business use of personal resid	lence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, o	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations Approval by the board or compensation com	nmittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a related organization:				
-	Receive a severance payment or change-of-control payment?		4a		х
b			416		X
	Destinate in an excession payment from an equity based companyation excensionat?		4.		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		10		
	Only section 501(c)(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 compensation				
	contingent on the revenues of:				
а	The organization?		5a		Х
	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		X
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

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) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SALEEM ZARU	(i)	145,000.	0.	0.	5,800.	21,292.	172,092.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 UNITED PALESTINIAN APPEAL, INC.

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) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2021

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.

Attach to Form 990.

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

Name of the organiz	ation
---------------------	-------

Employer identification number 11-2494808

UNTTED	PALESTINIAN	ΔΡΡΕΔΙ.	TNC.

Par	rt I Types of Property										
			(a)	(b) Number of	(c)	ribution		(d)		•	
			Check if applicable	contributions or	Noncash cont amounts repo			lethod of de ash contribu		•	2
				items contributed	Form 990, Part \	/III, line 1g				nouna	,
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	138	3,910.	FAIR 3	MARKET	VA.	LUE	
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribut										
	Historic structures										
14	Qualified conservation contribut										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies		Х	6	26,805	5,949.	FAIR 3	MARKET	VA.	LUE	
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 organiza	ation during	the tax year for co	ontributions						
	for which the organization comp	leted Form 828	3, Part V, D	onee Acknowledge	ement	29					
										Yes	No
30a	During the year, did the organiza	ation receive by	contributio	n any property rep	orted in Part I, lin	es 1 throug	h 28, that	it			
	must hold for at least three year	s from the date	of the initia	l contribution, and	which isn't requi	red to be us	sed for				
	exempt purposes for the entire h	holding period?							30a		X
b	If "Yes," describe the arrangeme	ent in Part II.									
31	Does the organization have a gif	ft acceptance po	olicy that re	quires the review o	of any nonstanda	d contribut	ions?		31	Х	
32a	Does the organization hire or us	e third parties o	r related or	ganizations to solic	cit, process, or se	ll noncash					
	contributions?			-					32a		X
b	If "Yes," describe in Part II.										
33	If the organization didn't report a	an amount in co	lumn (c) for	a type of property	for which colum	n (a) is chec	ked,				
	describe in Part II.										
	For Donomicarly Deduction A							0.1	. / .		0004

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

Schedule M (Form 990) 2021

132141 11-17-21

	1 (Form 990) 2021		PALESTINIAN		INC
Part II	Supplementa	I Informatic	Dn. Provide the informa	tion required by	Part I

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE

M, PART I, COLUMN (B).

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number 11-2494808

OMB No. 1545-0047

UNITED PALESTINIAN APPEAL, INC.

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 \$ 217,890. 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) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2									
Name of the organization UNITED PALESTINIAN APPEAL, INC.	Employer identification number $11 - 2494808$									
BOARD APPROVED CONFLICT OF INTEREST POLICY IN PLACE WHICH	EFFECTIVELY									
COVERS THESE MATTERS.										

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED BY THE BOARD'S EXECUTIVE 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.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

132212 11-11-21

Electronic Filing PDF Attachment

	571	2	International Boycott Report		OMB No. 1545-0216					
Form		J								
(Rev. De	ecember 20	010)	For tax year beginning, 20,	Sequence No. 123 Paper filers must file in						
	ent of the Trea		and ending, 20	·•	duplicate (see When and Where					
Name	Revenue Servi	lice	Controlled groups, see instructions.		to File in the instructions) ng number					
Numb				laonary						
Number	r, street, and	d room o	r suite no. If a P.O. box, see instructions.							
City or t	town, state,	, and ZIP	code							
Address	s of service	center w	here your tax return is filed							
	of filer (ch	heck or	e):							
] Individu		Partnership Corporation Trust	Estate	Other					
1	Individu	uals—E	nter adjusted gross income from your tax return (see instructions)							
2	Partner	rships a	and corporations:							
а	Partners	ships—	Enter each partner's name and identifying number.							
b	Corpora	ations-	Enter the name and employer identification number of each member of t	he control	led group (as defined in					
	section	993(a)(3)). Do not list members included in the consolidated return; instead, atta							
			e controlled group not included in the consolidated return.							
			corporations below or if you attach Form 851, you must designate a							
	the han	ne and	employer identification number of the corporation whose tax year is							
			Name	Identii	ying number					
	If more	space	s needed, attach additional sheets and check this box							
		•	Code		Description					
с	Enter pr	rincipal	business activity code and description (see instructions)							
d	IC-DISC	s—Ente	principal product or service code and description (see instructions)							
3	Partner	rships-	-Each partnership filing Form 5713 must give the following information:							
а	Partners	ship's t	otal assets (see instructions)							
b	Partners	ship's d	ordinary income (see instructions)							
4	Corpora	ations	-Each corporation filing Form 5713 must give the following information:							
а	Type of	form file	ed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)							
b	Commo	on tax y	ear election (see instructions)							
	• •		prporation ►							
			dentification number							
			x year beginning, 20, and ending		<u>,</u> 20					
С	-		ling this form enter:							
			s (see instructions)							
	(2) Тала									
5	Estates	or tru	sts—Enter total income (Form 1041, page 1)							
6			amount (before reduction for boycott participation or cooperation) of the	followina t	ax benefits (see instructions).					
a										
b	-		nings of controlled foreign corporations							
c										
d			reign trade income							
е		•	ncome qualifying for the extraterritorial income exclusion							
Plea		Under p	enalties of perjury, I declare that I have examined this report, including accompanying schedu	les and state	ments, and to the best of my					
Sign		knowled	Ige and belief, it is true, correct, and complete.							
Here										
			gnature Date	Title						
For Pa	perwork I	Reducti	on Act Notice, see separate instructions. Cat. No. 1	2030E	Form 5713 (Rev. 12-2010)					

Form 5	713 (Rev. 12-2010)				Р	Page 2					
7a		(as defined in section 951(b)) o ng rules) that had operations rep		corporation (including a FSC that does not er section 999(a)?	Yes	No					
b	•	a is "Yes," is any foreign cor		ontrolled foreign corporation (as defined in							
С	Do you own any stock of ar	IC-DISC?									
d	Do you claim any foreign ta	x credit?									
е				n (other than a corporation included in this							
	year that ends with or within	your tax year?		rnational boycott at any time during its tax							
f	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?										
	that ends with or within you	r tax year?									
g	-			rtable operations under section 999(a)? .		 					
h				section 999(a)?		<u> </u>					
j	Are you excluding extraterri	torial income (defined in section	n 114(e), as ir	as in effect before its repeal)?							
Part	0	elated to a Boycotting Cou				L					
8	•			untry (or with the government, a company,	Yes	No					
•				srael which is on the list maintained by the							
	Secretary of the Treasury un	nder section 999(a)(3)? (See Bo	vcotting Co	untries in the instructions.)							
		•		additional sheets using the exact format and	check						
			 1								
	Name of country	Identifying number of person having operations	O a da	Principal business activity	IC-DI only—	Enter					
	(1)	(2)	Code (3)	Description (4)	product (5						
a											
b											
C											
d											
e											
f											
g											
h											
i											
j											
k											
<u> </u>											
m											
n											
ο											

9 Nonlisted countries boycotting Israel – Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country		Identifying number of	Principal business activity				
	(1)	person having operations (2)	Code (3)	Description (4)	only- produc (
а							
b							
с							
d							
е							
f							
g							
h					Yes	1	
rea If '	ason to know requires p "Yes," complete the fol	articipation in or cooperation with a	n international b eded, attach ac	any other country which you know or have boycott other than the boycott of Israel? dditional sheets using the exact format and	check		
	Name of country	Identifying number of		Principal business activity	IC-E only-)ISCs -Ente	
	(1)	person having operations (2)	Code (3)	Description (4)	produ		
а							
b							
b							
b c							
b c d							
b c d e							
b c d e f							
b c d e f g h		articipate in or cooperate with an	international b	ovcott?	Yes	N	

12 Did you participate in or cooperate with an international boycott?

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Form 57	'13 (Re	ev. 12-2	2010)								F	Page 4
Part		R	equests for and	d Acts of Particip	ation in o	r Cooperation With a	an Intern	ational	Req	uests	Agree	ments
		B	oycott						Yes	No	Yes	No
13a	13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):											
	(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—											
	(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?											
	(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?											
	(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?											
		(d)			•	lar nationality, race, or re	•					
	(2)			•	-	ment, a company, or a n		• ·				
				ig or insuring produce ate in or cooperate		rrier owned, leased, or o ernational boycott?	perated b	y a person				
b		-	-		• •	of 13a is "Yes," compleand check this box .		•				
	N	lame o	f country	Identifying number of	Prin	cipal business activity	IC-DISCs	Type of coo	peratio	n or pa	rticipat	ion
			loounay	person receiving the request or having the			only- Enter	Number of req	uests	Number	of agree	ments
		(1)	agreement (2)	Code (3)	Description (4)	product code (5)	Total (6)	Code (7)	то ⁻ (8		Code (9)

а

р

b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
1				
m				
n				
0				

Form **5713** (Rev. 12-2010)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

UNITED PALESTINIAN APPEAL, INC. 1330 NEW HAMPSHIRE AVENUE, NW, 104 WASHINGTON, DC 20036

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

> > FORM CHAR500

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on									
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2021 and Ending (r	nm/dd/yyyy) 12/31/	2021						
Check if Applicable: Address Change	Name of Organization: UNITED PALESTI	NIAN APPEAL, I	INC.	Employer Identification Number (EIN): $11 - 2494808$						
Name Change	Mailing Address: NY Registration Number: 1330 NEW HAMPSHIRE AVENUE, NW, NO. 104 03-28-72									
Final Filing Amended Filing	City / State / ZIP: WASHINGTON, DC									
Reg ID Pending	Website: WWW • HELPUPA • OR	G		Email: CONTACT@HELPUPA.COM						
Check your organization's registration category: TA only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .										
2. Certification										
See instructions for certifi two signatories.	cation requirements. Imprope	r certification is a violation o	of law that may be subject	to penalties. The certification requires						
	enalties of perjury that we revi e true, correct and complete ir			best of our knowledge and belief, oplicable to this report.						
President or Authorized	Officer:		SALEEM F. 2 EXECUTIVE 1	-						
Ohiof Financial Officer a	Signature		Print Nam FREDERICK	e and Title Date						
Chief Financial Officer or	Signature		Print Name	e and Title Date						
3. Annual Reporting	g Exemption									
categories (DUAL filers) th additional attachments ar	nat apply to your registration, o	complete only parts 1, 2, an	d 3, and submit the certifie	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicable						
exceed \$2				overnment agencies, etc. did not raising counsel (FRC) to solicit						
	filing exemption: Gross receipt fiscal year.	s did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time						
4. Schedules and A	ttachments									
See the following page for a checklist of schedules and attachments to complete your filing.	See the following page for a checklist of Schedules and attachments to									
5. Fee										
See the checklist on the next page to calculate you fee(s). Indicate fee(s) you	vr 7A filing fee: \$ 25.	EPTL filing fee: \$250.	Total fee:	Make a single check or money order payable to: "Department of Law"						
are submitting here:	Ψ <u>ΔJ•</u>	ΨΔ_ΟΟ	ΨΔ/Ϳ.							

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

168451 01-10-22 **1019**

Page 1

2

CHAR500	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
nnual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.
-	
necklist of Schedules and	d Attachments
eck the schedules you must subr	mit with your CHAR500 as described in Part 4:
] If you answered "yes" in Part	4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
	4b, submit Schedule 4b: Government Grants
eck the financial attachments you	u must submit with your CHAR500:
IRS Form 990, 990-EZ, or 990	-PF, and 990-T if applicable
All additional IRS Form 990 So disclosure and will not be avai	chedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from ilable for public review.
Our organization was aligible (for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
3 3	an IRS Form 990-EZ for state purposes only.
filing year. We have included a	
filing year. We have included a	an IRS Form 990-EZ for state purposes only.
filing year. We have included a ou are a 7A only or DUAL filer, su Review Report if you received	an IRS Form 990-EZ for state purposes only. ubmit the applicable independent Certified Public Accountant's Review or Audit Report:
filing year. We have included a ou are a 7A only or DUAL filer, su Review Report if you received Audit Report if you received to	an IRS Form 990-EZ for state purposes only. ubmit the applicable independent Certified Public Accountant's Review or Audit Report: I total revenue and support greater than \$250,000 and up to \$1,000,000
filing year. We have included a ou are a 7A only or DUAL filer, su Review Report if you received Audit Report if you received to If the fiscal year begins before	an IRS Form 990-EZ for state purposes only. ubmit the applicable independent Certified Public Accountant's Review or Audit Report: I total revenue and support greater than \$250,000 and up to \$1,000,000 otal revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\fbox \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

3 21 03031

CHAR500

Open to Public Inspection

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information Name of Organization: UNITED PALESTINIAN APPEAL, INC. 03-28-72

2. Government Grants

Name of Government Agency	Am	ount of Grant
1. U.S. SMALL BUSINESS ADMINISTRATION	1.	115,585.
2. IRS	2.	145,455.
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
_10.	10.	
	11.	
12.	12.	
_13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	261,040.

4

168481 01-10-22 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)

Т

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

UNITEDP20210001

Filing Name UNITED PALESTINIAN APPEAL, INC.

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

123151 05-20-21

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2021

-				. Г	
Am	er	۱d	ed		

Part I F	filer information		UNIT	CEDP	20210	001						
2 Type of file	ſ											
a 📃 Indivi	dual b 🗌 Partnershi	p c 🚺 Corp	oration	d 🗌	Consolida	ted e	E Fid	uciary or of	ther - Enter	type		
3 U.S. Taxpa	yer Identification Number	3a TIN type	4 Forei	gn ider	ntification (Compl	ete only if	item 3 is not	applicable)	5 Individual's date of birth		
112494808 SSN/ITIN a Type: Passport Foreign TIN Other								_ MM/D	D/YYYY			
	x has no U.S. Identification X EIN umber complete item 4 b Number c Country of Issue											
	or organization name PALESTINIAN	APPEAL,	INC.			7Fi	rst name			8 Middle initia	al 8a Suffix	
9 Mailing add	ress (number, street, and	apt. or suite n	o.)			•				•		
1330 NE	W HAMPSHIRE A	AVENUE,	NW									
10 City			11 State	12 ZII	P/Postal C	ode	13 Cour	ntry				
WASHING	TON		DC	200	36		USA					
Yes No X b) Does th Yes No X	he filer have signature aut	ounts hority over but ounts	no financia	Do not al intere Comp. I	complete est in 25 or Part IV, item	more is 34 th	financial	accounts?		of the information		
	alue of account during ca		• •			-	a 🗶 E	Bank b	Securities	s c Other - E	nter type below	
	258,073.		unknow	n								
	ancial institution in which	account is hel	d									
	mber or other designation		address (BOX 4		r, street, a	ot. or s	suite no.)	of financial	institution i	in which account	is held	
20 City RAMALLA	н	21 State,	if known	2	2 Foreign	posta	I code, if I	known 23 P	Country ALESTI	INE, STATI	 70 3	
Signature	44a Check here X	if this report	is complet	ed by a	third part	y prep	arer and (y preparer section	-	
44 Filer signatu The report w signe	ure 45 File vill be electronically d when filed	er title, if not rep	porting a p	ersona	l account				40	6 Date (MM/DD/) This date will auto FBAR is electror	YYY) o-fill when the nically signed	
Third Party Preparer Use Only	47 Preparer's last name CHIU LO 52 Contact phone no. 703-821-0702	HIN 52a Ext. 53	name 3 Firm's n RAGER		49 MI 5	self		51 TIN P0096 54 Firm' 54-11	s TIN	51a TIN type SSN/ITIN 54a TIN type	X PTIN Foreign X EIN Foreign	
	55 Mailing address (nu 1360 BEVERLY								58 ZIP/P0	ostal Code	59 Country US	

123141 04-01-21

Part II Continued - Information on Financial Account(s) Owned Separately						FORM 114	
Cc	omplete a Separate Block for Ea	acr	h Account Owned	dS	eparately		
1	Filing for calendar year 3-4 Check appropri	ate I	Identification Number	6	Last Name or Organization Name		
	X Taxpayer Ider						
	2021 Foreign Ident		ation Number on number here:	U	NITED PALESTINIA	N APPEAL, IN	IC.
	112494808		si namber nere.				
15	Maximum value of account during calendar y 46 , 804		15a Amount Unknown	16	Type of account a X Bank b	Securities c] Other - Enter type below
17	Name of Financial Institution in which accour BANK OF PALESTINE	nt is	held				
18	Account number or other designation 0458/2219500/001/300		Mailing Address (Numb PO BOX 47		Street, Suite Number) of financial inst		s held
20	City RAMALLAH	21	I State, if known		22 ZIP/Postal Code, if known	23 Country PALESTINE	STATE OF
15	Maximum value of account during calendar y 100		15a Amount Unknown	16	Type of account a X Bank b	Securities c	Other - Enter type below
	Name of Financial Institution in which accour CAPITAL BANK						
18	Account number or other designation 4594117		SULAIMAN 2		Street, Suite Number) of financial inst NABULSI ST. P.O.E		s held
	City AMMAN		I State, if known	1	22 ZIP/Postal Code, if known 11194	23 Country JORDAN	7
15	Maximum value of account during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in which accour	nt is	held				
18	Account number or other designation	19	Mailing Address (Numb	per, S	Street, Suite Number) of financial inst	titution in which account is	s held
20	City	21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of account during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in which accour	nt is	held				
18	Account number or other designation	19	Mailing Address (Numb	ber, S	Street, Suite Number) of financial inst	titution in which account is	s held
20	City	21	I State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of account during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c] Other - Enter type below
17	Name of Financial Institution in which accour	nt is	held				
18	Account number or other designation	19	Mailing Address (Numb	per, S	Street, Suite Number) of financial inst	itution in which account is	s held
20	City	21	I State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of account during calendar y	ear	15a Amount Unknown	16	Type of account a 🗌 Bank b	Securities c	Other - Enter type below
17	Name of Financial Institution in which accour	nt is	held				
18	Account number or other designation	19	Mailing Address (Numb	per, S	Street, Suite Number) of financial inst	titution in which account is	s held
20	City	21	State, if known		22 ZIP/Postal Code, if known	23 Country	
1200	015 04-01-21	•					

Form	990
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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 c+kerset C Name of organization D Employer identification number	ΑF	or the	e 2021 calendar year, or tax year beginning and	ending		
Image of the provide status: UNITED PALESTINIAN APPEAR, INC. 11-2494808 Image of the provide status: Number and street (or P.O. box if mails not delivered to street address) Room/suite Telephone number (202) Image of the provide status: Number and street (or P.O. box if mails not delivered to street address) Room/suite Telephone number (202) Image of the provide status: NEW HAMPSHIRE AVENUE, NW IO4 Corest relevants All 1.093,643. Image of the provide status: Solici() 20036 H(a) Is this a group return for subordinates includent? Yes Xin No Image of the provide status: Solici() Solici() (insert no.) 4947(a)(1) or Sorr H(b) Are aff address of principal of the provide status includent? Yes Xin No Image of the provide status: Solici() Solici() (insert no.) 4947(a)(1) or Sorr H(b) Are aff address of principal one status includent? Image of the provide status: Solici() Solici() Solici() H(c) Group exemption number > Part I Summary Solici() Insert (no.) H(b) Are aff address of the provide status includent? H(b) Are aff address of the provide status includent? Image of independent voling members of the governing body (Part Vi, li	В с а	heck if oplicable	c Name of organization		D Employer identified	cation number
Doing Dusiness as 111-24394000 Prevent 1310 NEW HAMPSHIRE AVENUE, NW 104 E Telephone number City or town, state or province, country, and ZIP or foreign postal code G Grose neepis & 31,093,643. WASHINGTON, DC 20036 Hail is not delivered to street address) 110-4794000 Prevent SAME AS C ABOVE Hail is not delivered to street address. 110-4794000 I tracexempt status: X 501(0(3) 501(c) () (neet no.) 4947(a)(1) or Hail is not delivered to street address. J website: WWN. HELPUPA.ORG H(b) Real subordinates includer. Yes No H(b) Real subordinates includer. Yes Corporation Trust Association Other No." attach a list. See instructions Yeart I Summary 1 Height end subordinates includer. Yes of from atom: 1978 M state of legal domicile.NY Part I Summary 1 Height end subordinates includer. Yes of from atom: 1978 M state of legal domicile.NY Part I Summary 1 Height end subordinates includer. Yes of from atom: 1978 M state of legal domicile.NY Part I Summary 1 Hole real subordinates includer. Yes of from atom: 1978		change	UNITED PALESTINIAN APPEAL, INC.			
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City or town, state or province, country, and 2IP or foreign postal code G dross recepts 3 J. 1/9.3, 743. Mash HIMSTON, DC 20036 F Name and address of principal officer: SALEEM F. ZARU H(a) Is this a group return for subordinates included? Yes No I Taxexemptities SIDI(a) 501(c) (.) (insert no.) 4947(a)(1) or E27 H(a) Is this a group return for subordinates included? Yes No J Website: ▶ WWW. HELPUPA. ORG H(b) Are all subordinates included? Yes No Her of organization: X is constrainton in trust Association Other ▶ L Year of formation: 1978 M State of legal domicile: NY Part II 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 bit in dependent voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 13 6 6 6 5 Total number of independent voting members of the governing body (Part VI, line 2b) 4 6 6 6 6 6 6 6 6 6]Final return/		104	(202) 65	9-5007
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SARE AS C ABOVE H(b) Are all subcontates include? Yes No I Taxexemptistatus: Si 0010(3) 5010(1) € (insert no.) 4947(a)(1) or 527 H(b) Are all subcontates include? Yes No I Briefly describe the organization: Trust 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 2 Check this box if the organization discontinued its operations or disposed former than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 6 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 6 6 6 7 a Total number of undividuals employed in calendar year 2021 (Part V, line 2a) 5 5 13 6 Total number of undividuals employed in calendar year 2021 (Part V, line 2a) 6 6 6 7 a Total unrelated business taxable income from Form 990-T, Part I,		tion	F Name and address of principal officer: SALLEM F . ZARU		for subordinates	? Yes X No
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 01, 432. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5, 866, 308. 30, 902, 975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 4, 375, 288. 28, 673, 700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 867, 374. 1, 091, 767. 16a Professional fundraising fees (Part IX, column (D), line 25) 425, 110. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 462, 726. 532, 255. 19 Revenue less expenses. Subtract line 18 from line 12 160, 920. 605, 253. 19 Revenue less (Part X, line 16) 5, 457, 186. 6, 253, 375. 20 Total assets (Part X, line 26) 396, 104. 529, 090. 21 Total liabilities (Part X, line 26) 5, 061, 082. 5, 724, 285.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			345,383.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,375,288. 28,673,700. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 867,374. 1,091,767. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 425,110. 462,726. 532,255. 17 Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e) 462,705,388. 30,297,722. 19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. 19 Revenue less expenses. Subtract line 18 from line 12 5,457,186. 6,253,375. 20 Total assets (Part X, line 16) 396,104. 529,090. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.	"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 867, 374.1,091,767. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) ▲ 425, 110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462, 726.532, 255. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 5, 705, 388.30, 297, 722. 19 Revenue less expenses. Subtract line 18 from line 12 160, 920.605, 253. 20 Total assets (Part X, line 16) 5, 457, 186.6, 253, 375. 21 Total liabilities (Part X, line 26) 396, 104.529, 090. 22 Net assets or fund balances. Subtract line 21 from line 20 5, 061, 082.5, 724, 285.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
11 Definite paid to or for members (ratio), out in (1), out (1),		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,375,288.	28,673,700.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▲ 425, 110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 462,726. 532,255. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,705,388. 30,297,722. 19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. 20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		14	Benefits paid to or for members (Part IX, column (A), line 4)		•••	•••
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,091,767.
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	use	16a			0.	0.
17 Other expenses (Part X, columit (A), lines Trand, Thi24e) 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 10 160, 920. 10 605, 253. 11 160, 920. 12 160, 920. 13 160, 920. 14 160, 920. 15 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 16 160, 920. 17 18 18 100, 920. 19 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 100, 920. 11 100, 920. 12 100, 920.	e de la composición de la comp	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 425 , 1	10.		
19 Revenue less expenses. Subtract line 18 from line 12 160,920. 605,253. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total labilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.	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) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20 Total assets (Part X, line 16) 5,457,186. 6,253,375. 21 Total liabilities (Part X, line 26) 396,104. 529,090. 22 Net assets or fund balances. Subtract line 21 from line 20 5,061,082. 5,724,285.		19	Revenue less expenses. Subtract line 18 from line 12		160,920.	605,253.
22 Net assets or fund balances. Subtract line 21 from line 20	Les Ces			Be		
22 Net assets or fund balances. Subtract line 21 from line 20	sets alan	20	Total assets (Part X, line 16)			
	t As ud B					
					5,061,082.	5,724,285.

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	Signature of officer		Date	
Here	SALEEM F. ZARU, EXECUT	IVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	HIN CHIU LO	HIN CHIU LO	04/15/22	self-employed P00968200
Preparer	Firm's name 🍗 PRAGER METIS CPA	S	Firm's	s EIN ▶ 54-1156733
Use Only	Firm's address 🖕 1360 BEVERLY ROA	D, SUITE 300		
	MCLEAN, VA 22101		Phone	e no.703-821-0702
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2 t III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITED PALESTINIAN APPEAL, INC. (UPA) IS A 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, UPA
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
4.	
4a	(Code:) (Expenses \$27,605,760. including grants of \$27,404,858.) (Revenue \$) HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR MEDIUM AND LONG-TERM
	HEALTH PROJECTS INCLUDING MOBILE CLINICS, PRIMARY CARE CLINICS AS WELL
	AS SERVICES INCLUDING EMERGENCY FOOD DISTRIBUTION, MEDICAL VISITS,
	PHARMACEUTICALS, AND TRAUMA COUNSELING FOR PALESTINIANS IN THE WEST
	BANK, GAZA AND REFUGEE CAMPS IN THE ARAB COUNTRIES. EXPENSES INCURRED
	ALSO INCLUDE PROJECTS THAT DIRECTLY BENEFIT HANDICAPPED, ORPHANED, OR
	EXTREMELY DEPRIVED CHILDREN THROUGH PROGRAMS CONDUCTED BY UPA'S
	PARTNERS.
	1 100 500 000 100
4b	(Code:) (Expenses \$ 1,138,583. including grants of \$ 980,168.) (Revenue \$)
	COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBUILD AND
	REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES AS WELL AS
	ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND TO IMPLEMENT
	MICRO-ENTERPRISE, MICRO-FINANCE AND OTHER PROJECTS THAT STIMULATE
	EMPLOYMENT.
4c	(Code:) (Expenses \$414,884. including grants of \$288,674.) (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.
4d	Other program services (Describe on Schedule O.)
Ψu	017 000
40	(Expenses \$ 217,890 · including grants of \$) (Revenue \$) Total program service expenses ▶ 29,377,117.
-+2	Form 990 (2021)
132002	2 12-09-21

Form	990	(2021)

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	~	<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		- 11	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	X
132003	12-09-21	Form	390	(2021)

132003 12-09-21

Form	990	(2021)
	330	

			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		<u> </u>
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		
	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	25a		х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	208		
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? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		<u> </u>
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		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		30	<u> 4</u> 2	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		100	110
b				
c				
5	(gambling) winnings to prize winners?	1c	х	
132004	\$ 12-09-21			(2021)

132004 12-09-21

	tements Regarding				(continued)
021)	IINTTED	PALESTINIAN	ADDEAL	TNC	

			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 13						
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 <i>e-file</i> . See instructions.						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х				
b	If "Yes," enter the name of the foreign country OTHER COUNTRY						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		Х			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
-	were not tax deductible?	<u>6b</u>					
7	Organizations that may receive deductible contributions under section 170(c).	70		х			
a ⊾	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		л			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	to file Form 8282?	7c		х			
Ч		10		- 23			
u o		7e		х			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X			
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					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
Ŀ.	Note: See the instructions for additional information the organization must report on Schedule O.						
D	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						
		140		x			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 23			
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
10	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.	15					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form **990** (2021)

Form 990 (2021)

Part V

UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page **6**

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 on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	6		res	NO
Ia	If there are material differences in voting rights among members of the governing body or if the governing		Ĭ	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
-	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
			•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,			
44-	· · · · · · ·		un filing a the standard	10b	X	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у рето	re tiling the form?	11a		
b 10a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	<u> </u>
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				23	
U		,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	/ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990)-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)			

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the na	me, address, and teleph	one number of	the person	who possesses the org	ganization's books and r	ecords	▶
	UNITED	PALESTINIAN	APPEAL,	INC.	- 202-659-5	007		
	1220 NT		7 T T T T T T T T T T	NT 147		MA CULTNOMON	ЪС	200

1330	NEW	HAMPSHIRE	AVENUE,	N.W.,	SUITE	104,	WASHINGTON,	DC	20036
132006 12-09-21									Form 990 (2021)

Form 990 (2021)	UNITED PALESTINIAN APPEAL, INC.	11-2494808	Page 1
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Empl	oyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this t	table for all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization's	s tax year.
 List all of the 	organization's current officers, directors, trustees (whether individuals or organization	s), regardless of amount of compens	ation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	(do		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SALEEM ZARU	40.00		_			1 0				
EXECUTIVE DIRECTOR				x				145,000.	0.	27,092.
(2) ISAM SALAH	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) GEORGE SALEM	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) FREDERICK T. HADEED	2.00									
TREASURER	1 00	Х		X				0.	0.	0.
(5) SALMA EL-YASSIR	1.00	37							0	0
DIRECTOR	1 00	X						0.	0.	0.
(6) ANN FRANCIS BARHOUM	1.00	v						0.	0	
DIRECTOR (7) EYAD H. ABED	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
		~						0.	0.	0.
						-				
		1								

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Form 990 (2021)

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	PALESTINI	AN	ΓA	<u>PP</u>	ΕA	ь,	I	INC.	11-24	1948	308	Pa	ige 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box,		(C Posi heck r	C) ition more rson is	l than c s both	one 1 an	(D) Reportable compensation	(E) Reportable compensation		am	(F) imateo ount c other	
	(list any hours for related organizations below line)	tee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	compens from th organiza and rela organizat		e on ed
1b Subtotal c Total from continuation sheets to Part	VII, Section A							145,000.		0.		7,09	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu compensation from the organization ▶	t not limited to th						► o re	145,000. eceived more than \$100,	000 of reportable	0.		,09	1
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo			-	•	-		Ŭ				3	Yes	No X
 4 For any individual listed on line 1a, is the and related organizations greater than \$⁺ 5 Did any person listed on line 1a receive of the second seco	sum of reportabl	e co " co	mpe <i>mpl</i> e	ensat ete S	tion Sche	and edule	oth d <i>J f</i>	ner compensation from the form	ne organization	_	4	x	
rendered to the organization? If "Yes," c											5		X
1 Complete this table for your five highest the organization. Report compensation for	•	•							•	ensati	ion fro	m	
(A) Name and busine	ss address	NC	ONE	2				(B) Description of s	ervices	Co	(C) Compensation		
2 Total number of independent contractors \$100,000 of compensation from the orga		ot lin	nited	to t	thos C		ted	above) who received mo	ore than		Form S	990 (2	2021)

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		(2021) UNITED PALESTINIA	N APP	PEAL, INC.		11-2494	808 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or note	to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512 - 514
nts nts	1 a		15,819.				
àrai our	k	Membership dues 1b					
S, O	C	Fundraising events 1c					
Gift ar	C	Related organizations 1d					
, si ini	e	3 ()	61,040.				
er S	f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			80,733.				
ont o	ç		44,859.	20 555 500			
<u>ة ن</u>	ł	Total. Add lines 1a-1f		30,557,592.			
			ess Code				
ice	2 8						
er v	k						
n S /eni	C						
grai Rev	C	·					
Program Service Revenue	e	,					
-		All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and					
	3	other similar amounts)		188,418.			188,418.
	4	Income from investment of tax-exempt bond proceeds		,			,
	5	Royalties	° 🚺				
	J		ersonal				
	6 :	a Gross rents6a					
		b Less: rental expenses 6b					
		Net rental income or (loss)					
			Other				
		assets other than inventory 7a 347,633.					
	k	Less: cost or other basis					
е		and sales expenses					
venue	c	Gain or (loss) 7c 156,965.					
0		Net gain or (loss)	🕨	156,965.			156,965.
Other R	8 8	Gross income from fundraising events (not					
ŧ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events	🕨				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		• Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory	ess Code				
sn	44						
ue Deo	11 a	•					
ilar ven	c c						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		30,902,975.	0.	0.	345,383.
13200	9 12-0		····· F				Form 990 (2021

UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	28,6/3,/00.	28,673,700.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172 001	00 226	20 004	11 771
•	trustees, and key employees	172,091.	88,326.	38,994.	44,771.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	772,167.	396,310.	174,971.	200,886.
7 8	Other salaries and wages Pension plan accruals and contributions (include	112,101.	550,510.	±/=,3/±•	200,000.
0	section 401(k) and 403(b) employer contributions)	8,653.	4,441.	1,961.	2 251
9	Other employee benefits	81,698.	41,931.	18,512.	<u>2,251.</u> 21,255.
9 10	Payroll taxes	57,158.	29,338.	12,951.	14,869.
11	Fees for services (nonemployees):	.,100.	,	,>>+	,00,.
	Management				
	Legal	12,404.		12,404.	
	Accounting	23,235.		23,235.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,216.		24,216.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
-	column (A), amount, list line 11g expenses on Sch 0.)	8,223.	3,785.	2,519.	1,919.
12	Advertising and promotion				
13	Office expenses	94,728.	29,889.	24,415.	40,424.
14	Information technology	9,727.		9,727.	
15	Royalties				
16	Occupancy	86,662.	44,480.	19,637.	22,545.
17	Travel	29,888.		29,888.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	6,200.		6,200.	
20	Interest				
21	Payments to affiliates	22 100	11 050	E 225	C 010
22	Depreciation, depletion, and amortization	23,106. 2,514.	<u>11,859</u> . 1,290.	5,235.	<u>6,012.</u> 654.
23		4,514.	1,290.	570.	054.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) PRINTING AND ADVERTISIN	85,457.	47,474.	5,124.	32,859.
a b	POSTAGE AND SHIPPING	63,971.	4,294.	23,012.	36,665.
c	BANK CHARGES	61,924.	1/2510	61,924.	50,0051
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	30,297,722.	29,377,117.	495,495.	425,110.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
					- 000 ()

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Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

UNITED PALESTINIAN APPEAL, INC.

11-2494808 Page 11

		Check if Schedule O contains a response or note to	any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			503,125.	1	852,905.
	2	Savings and temporary cash investments			500,932.	2	651,123.
	3	Pledges and grants receivable, net			228,678.	3	175,921.
	4	Accounts receivable, net			52,911.	4	12,180.
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	al contribu	tor, or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified	persons (a	s defined			
		under section 4958(f)(1)), and persons described in s	section 495	58(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9				25,087.	9	38,593.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10	Da	538,799.			
	b	Less: accumulated depreciation 10	Db	244,669.	297,921.	10c	294,130.
	11	Investments - publicly traded securities		3,848,532.	11	4,228,523.	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal lin			5,457,186.	16	6,253,375.
	17	Accounts payable and accrued expenses	242,737.	17	284,776.		
	18	Grants payable			18		
	19	Deferred revenue			153,367.	19	244,314.
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete Part	IV of Sche	dule D		21	
es	22	Loans and other payables to any current or former o					
Ē		trustee, key employee, creator or founder, substantia		tor, or 35%			
Liabilities		controlled entity or family member of any of these pe		·····		22	
-	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated thin		Г		24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Comp	lete Part X			
		of Schedule D			396,104.	25	E20 000
	26	Total liabilities. Add lines 17 through 25			390,104.	26	529,090.
s		Organizations that follow FASB ASC 958, check h	nere 🗩 🛛	<u>A</u>			
nce	07	and complete lines 27, 28, 32, and 33.			4,867,046.	07	5,690,763.
alaı	27			······ -	194,036.	27	33,522.
ЧB	28	Net assets with donor restrictions			194,030.	28	55,522.
'n		Organizations that do not follow FASB ASC 958, o	спеск пег				
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds				29 30	
SSE	30	Paid-in or capital surplus, or land, building, or equipr				<u>30</u> 31	
∋t A	31	Retained earnings, endowment, accumulated incom			5,061,082.	31 32	5,724,285.
ž	32 33	Total net assets or fund balances			5,457,186.	32 33	6,253,375.
	55	Total liabilities and net assets/fund balances			5, 257, 200.	55	Eorm 990 (2021)

Form 990 (2021)

	990 (2021) UNITED PALESTINIAN APPEAL, INC.	11-24	194808	Pag	_{je} 12
Par	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	30,902		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,297		
3	Revenue less expenses. Subtract line 2 from line 1	3	605	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,061	<u> </u>	
5	Net unrealized gains (losses) on investments	5	57	, 9	50.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ -
Der	column (B))	10	5,724	.,28	35.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	-		x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		0004

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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

Name of the organization									identification number		
		UNIT	ED PALESTIN	NIAN APPEAL,	INC.			1	1-2494808		
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The c	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 [X	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 described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 [An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10 [An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Complete Part III.)									
11 [An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50	9(a)(4).				
12 [An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or		
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must complete Part IV, Sections A and B.									
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
	control or management of the supporting organization vested in the same persons that control or manage the supported										
		-			·						
с		organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,									
		its supported organization						, ,	,		
d] Type III non-functionally		-				ted organiz	ation(s)		
		that is not functionally int						-			
		requirement (see instructi	•	• •	•						
е		Check this box if the orga	,	•				I. Type III			
-		functionally integrated, or					·) ·, ·) ·	., .,.,			
f	Ente	r the number of supported o			0 0						
		ide the following information	•								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total											

UNITED PALESTINIAN APPEAL, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23930136.	33109101.	34153359.	5547000.	30557592.	127297188
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23930136.	33109101.	34153359.	5547000.	30557592.	127297188
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						127297188
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		23930136.				30557592.	
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	133.092.	107.707.	124,552.	110.713.	188.418.	664,482.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,695.	163.	2,264.	61,452.		79,574.
11	Total support. Add lines 7 through 10		1000	272011	01/1010		128041244
12		etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	(,				
	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (-	column (f))		14	99.42 %
	Public support percentage from 2020		•			15	99.41 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies					,	N 37
b	33 1/3% support test - 2020. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		5	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
				<u>,,,,</u>	,		(Form 990) 2021

Schedule A	Form	990	2021
		000	202

7

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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ł	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
	Amounts from line 6		(1) 2010	(0) 2010	(4) 2020		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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 on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)				+	+	<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)			for the set of the set			
14	First 5 years. If the Form 990 is for the	•					·
<u>So</u>	check this box and stop here	ic Support Pa	rcontago				<u></u>
	Public support percentage for 2021 (I			olumn (f))		15	04
		, (),	, , , , , , , , , , , , , , , , , , ,	()/		15 16	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Invest						%
	Investment income percentage for 20		•			17	%
						18	
	Investment income percentage from				o 15 is more than (/line 17 is not
198	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						/20/ and
k	33 1/3% support tests - 2020. If the						
00	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check ti	his box and see ins		►
1320	23 01-04-22					Sche	edule A (Form 990) 2021

UNITED PALESTINIAN APPEAL, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21

Sche	dule A (Form 990) 2021	UNITED	PALESTINIAN	APPEAL,	INC.	11-24	9480	8 Ра	age 5
Pa	rt IV Supporting Orga	anizations _{(cont}	tinued)						
			-					Yes	No
11	Has the organization accept	ted a gift or contribu	ition from any of the follo	owing persons?					
а	A person who directly or ind	lirectly controls, eith	ner alone or together with	n persons descr	ibed on lines 11b and				
	11c below, the governing bo	ody of a supported of	organization?				11a		
b	A family member of a persor	n described on line	11a above?				11b		

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		I
2	Did the organization operate for the benefit of any supported organization other than the supported			I
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

pervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2021

Yes No 2a 2b 3a 3b

11c

2

No

No

132025 01-04-22

	dule A (Form 990) 2021 UNITED PALESTINIAN APPE			11-2494808 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

UNITED PALESTINIAN APPEAL, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
~	Excess from 2010				

Schedule A (Form 990) 2021

SCHEDULE 2 MISCELLANI 2017 AMOUI 2018 AMOUI 2019 AMOUI 2020 AMOUI	EOUS IN NT: \$ NT: \$ NT: \$	СОМЕ 15,695. 163.	 			
2017 AMOUI 2018 AMOUI 2019 AMOUI	NT: \$ NT: \$ NT: \$	15,695. 163. 2,264.				
2018 AMOUI 2019 AMOUI	NT: \$	163. 2,264.				
2019 AMOUI	NT: \$	2,264.				
	•					
2020 AMOUI	NT: \$	61,452.				

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2021

Employer identification number

-		
	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

UNITED PALESTINIAN APPEAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>23,725,604.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,698,568.	Person X 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)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

14330415 130075 PM134840.0

11-2494808	

UNITE	D PALESTINIAN APPEAL, INC.		11-2494808	
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	MEDICAL AND PHARMACEUTICAL SUPPLIES		4. 12/30/21	
		\$\$,00%	<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
2	MEDICAL SUPPLIES			
		\$2,698,568	3. 12/30/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Schedule B (Form 990) (2021)

14330415 130075 PM134840.0

2021.03031 UNITED PALESTINIAN APPEAL PM134841

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Schedule B	(Form 990) (2021)			Page 4				
Name of or	ganization			Employer identification number				
UNITED	PALESTINIAN APPEAL, IN	NC.		11-2494808				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in s	ection 501(c)(7), (8), or (10)					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	· less for the year. (Enter this info.	once.) > \$				
(a) No. from	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
		(e) Transfer of gi	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee				
Γ		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
Part I								
	(e) Transfer of gift							
-	Transferee's name, address, a		Relationship of t	ransferor to transferee				
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
Part I								
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee				
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
-								
		(e) Transfer of gi	IL					
Ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee				
123454 11-11-	21			Schedule B (Form 990) (2021)				

(Form 9	90)
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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.



D In Ν

	nent of the Treasury Revenue Service	►Go to www.irs.gov/Form99	Ofor instructions		ation.	Inspe	ection	JIIC
	of the organizati					oyer identificat	tion nu	mber
	J J	UNITED PALESTINIAN	APPEAL, II	۹C.		11-2494		
Par	t I Organiza	ations Maintaining Donor Advised			or Account	S. Complete i	f the	
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.			·		
			(a) Donor ad	dvised funds	(b) Fund	s and other acc	ounts	
1	Total number at er	nd of year						
		f contributions to (during year)						
		f grants from (during year)						
4	Aggregate value a	t end of year						
		on inform all donors and donor advisors in v	vriting that the asse	s held in donor advise	ed funds			
	are the organizatio	on's property, subject to the organization's e	exclusive legal contr	ol?		Yes		No
		on inform all grantees, donors, and donor ad						
	for charitable purp	ooses and not for the benefit of the donor or	donor advisor, or fo	or any other purpose c	onferring			
	impermissible priv	ate benefit?				🗌 Yes		No
Par	t II Conserv	ation Easements. Complete if the org	anization answered	"Yes" on Form 990, P	Part IV, line 7.			
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that ap	oly).				
	Preservation	n of land for public use (for example, recreat	ion or education)	Preservation of	a historically in	nportant land a	rea	
	Protection o	f natural habitat		Preservation of	a certified histo	oric structure		
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualifi	ed conservation co	ntribution in the form c	of a conservation	on easement or	the la	st
	day of the tax year	r.			ŀ	Held at the End o	f the Ta	x Year
а	Total number of co	onservation easements			2a			
b	Total acreage rest	ricted by conservation easements			2b			
с	Number of conser	vation easements on a certified historic stru	cture included in (a		2c			
d	Number of conser	vation easements included in (c) acquired a	fter 7/25/06, and no	t on a historic structur	re 🛛			
	listed in the Natior	nal Register			2d			
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organization di	uring the tax		
	year 🕨							
4	Number of states	where property subject to conservation eas	ement is located 🕨					
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, ins	pection, handling of			_	_
	•	orcement of the conservation easements it						No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	nandling of violation	s, and enforcing conse	ervation easem	nents during the	year	
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hand	ing of violations, an	d enforcing conservati	on easements	during the yea	r	
	▶\$							
		vation easement reported on line 2(d) above					_	_
)(4)(B)(ii)?						No
9		be how the organization reports conservation						
		d include, if applicable, the text of the footn	ote to the organizat	on's financial stateme	nts that descri	bes the		
Par	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical	Trageuros or Oth	or Similar	Accoto		
Fai		_		Treasures, or Ou		A55615.		
		f the organization answered "Yes" on Form						
1a	0	elected, as permitted under FASB ASC 958	•					
		easures, or other similar assets held for pub	,	*	•	JIIDI		
		Part XIII the text of the footnote to its finan						
	0	elected, as permitted under FASB ASC 958	•					
		sures, or other similar assets held for public	exhibition, educatio	n, or research in furthe	erance of publi	ic service,		
		ing amounts relating to these items:			▶ ▲			
		ded on Form 990, Part VIII, line 1						
	.,			lor ocosto for financial				
		received or held works of art, historical trea			yain, provide			
	and ronowing arriot	unts required to be reported under FASB AS	יס איסט ופומנוווע נט נו					

а	Revenue included on Form 990, Part VIII, line 1	
-		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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\$

Sche	dule D (Form 990) 2021 UNITED	PALESTINIAN	APPEAL,	INC.		11-	2494808	B Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or	Other S	imilar Ass	ets _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that n	nake signit	ficant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organization	's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical trea	asures, or other	similar ass	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange		e if the organizati	on answered "Y	es" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:						
							Amount		
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
T Oo	Ending balance Did the organization include an amount on Fo					1f	Yes		Na
	C								No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
	Completer	(a) Current year	(b) Prior year	(c) Two years		Three vears b	ack (e) Four	vears t	back
1a	Beginning of year balance	(-,	(,	(-,	(,		(-)	<u>,</u>	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizati	on that are held a	and administered	d for the o	rganization	-		
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza			?			3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equipm		Davit IV/ line 11a	C		10			
	Complete if the organization answered						() = .		
	Description of property	(a) Cost or oth basis (investme	• • •	st or other s (other)	(c) Accu depree	mulated ciation	(d) Bool	value)
1a	Land			84,840.				1,84	
	Buildings			54,523.		3,303.		.,22	
	Leasehold improvements			45,147.		2,545.		2,60	
	Equipment			46,025.		0,557.	15	5,46	-
	Other			8,264.		8,264.			0.
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	. column (B), line	10c.)		🕨	294	1,13	30.

Schedule D) (Form 990) 2021 UNITED P	ALESTINIAN	APPEA	L, INC.	11-2494808 Page 3
Part VII					
	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Descrip	ption of security or category (including name of se	curity) (b) Book	value	(c) Method of valuat	tion: Cost or end-of-year market value
(1) Financi	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 1	2.) 🕨			
Part VII	Investments - Program Relate				
	Complete if the organization answered				
	(a) Description of investment	(b) Book	value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 1	3.) ►			
Part IX	J		-		N II 45
	Complete if the organization answered		Part IV, line	11d. See Form 990, Part	
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	umn (b) must equal Form 990, Part X, col. Other Liabilities.	(B) line 15.)			·····
FailA		"Vee" on Ferm 000.	Dout IV line	110 or 11f Coo Form 000	Dort V line 05
	Complete if the organization answered	res on Form 990, i	Part IV, line	TTE OF TTI. SEE FORM 990	
<u>1.</u>	(a) Description of liability				(b) Book value
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.	., ,			
-	/ for uncertain tax positions. In Part XIII, p			-	
organiz	ation's liability for uncertain tax positions	under FASB ASC 74	U. Check he	ere if the text of the footno	ote has been provided in Part XIII $ \dots \overline{\mathbf{X}}$

132053 10-28-21

Sche	dule D (Form 990) 2021 UNITED PALESTINIAN APPEAL,	INC.		11-	2494808	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.		
	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	30,936,	,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	57,950.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	57,	<u>,950.</u>
3	Subtract line 2e from line 1			3	30,878,	<u>,759.</u>
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	24,216.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		,216.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	30,902,	<u>,975.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	30,273,	,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities			-		
b	Prior year adjustments	. 2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	30,273,	<u>,506.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	24,216.			
b	Other (Describe in Part XIII.)	. 4b			_	
с	Add lines 4a and 4b			4c		,216.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	30,297	,722.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

UPA ACCOUNTS FOR UNCERTAIN TAX POSITIONS UNDER FASB ASC 740. FASB ASC 740
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN
ENTERPRISE'S FINANCIAL STATEMENTS. FASB ASC 740 PRESCRIBES A COMPREHENSIVE
MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN FINANCIAL
STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN,
INCLUDING THE POSITION THAT UPA IS EXEMPT FROM INCOME TAXES. UPA BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. UPA'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORM 990) IS OPEN TO EXAMINATION BY THE IRS, GENERALLY FOR
THREE YEARS AFTER IT WAS FILED.
132054 10-28-21 Schedule D (Form 990) 2021

	(Form 990) 202
Dort VIII	Supplaman

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE F Statement of Activities Outside the United States						OMB No. 1545-0047		
(Form 990)	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
Department of the Treasury			Attach to Form 990.			Open to Public		
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection		
Name of the organization					Employer	identification number		
UNITED PALESTI	NIAN APPE	AL, INC.			11-249	94808		
		ctivities Out	side the United States. Comple	ete if the organ	ization answ	ered "Yes" on		
Form 990, Par	/							
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes 🗌 No		
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside the		
	(The following Part	L line 3 table ca	an be duplicated if additional space is n	leeded)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If acti is a pro	vity listed in (gram service specific typ	expenditures for and		
		contractors in the region	recipients located in the region)	of service	(s) in the regi	ion investments in the region		
		in the region	GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,			
			LOCATED IN REGION.	COMMUNITY D		т,		
MIDDLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION A	ND			
NORTH AFRICA -	3	22	DONATIONS OF MEDICAL DRUGS	SPONSORSHIP	S	28,673,700.		
3 a Subtotal		22				28,673,700.		
b Total from continuation								
sheets to Part I	0	0				0.		
c Totals (add lines 3a and 3b)	3	22				28,673,700.		
and ob/	·· · · · · · · · · · · · · · · · · · ·	==						

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	9,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	12,727.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	6 000	WIRE TRANSFER	0.		
				.,				
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	23,133.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	36,402.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -	HEALTH & WELFARE,					
		ALGERIA, BAHRAIN,	EDUCATION, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -					MEDICINES AND	
		ALGERIA, BAHRAIN,					SUPPLIES	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		2715723.		FMV
		MIDDLE EAST AND NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	50 000	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the	,			1	1
			or counsel has provided a sect		-			41
3 Enter total number of	•	-						0

Schedule F (Form 990) 2021

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Schedule F (Fohn 390			1 minut, 110.		11 21			Faye z
Part II Continuat	tion of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Name of organiza	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM\
	and EIN (if applicable))	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	25,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
			HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	, EDUCATION	10,444.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	38,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	6,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	15,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
			HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	40,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		,				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	EDUCATION AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	11,250.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		, -				
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT		WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation or	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	24,910.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	13,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	58,992.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	14,059.	WIRE TRANSFER	330,629.	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		23729624	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA	EDUCATION	15,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND	HEALTH & WELFARE, AND					
		NORTH AFRICA	COMMUNITY DEVELOPMENT	10,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY DEVELOPMENT	24 316	WIRE TRANSFER	0.		
				21,510.				
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	89,661.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

1 (a) Name of organization and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of display (b) Manner of display (b) Manner of display (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of display (b) Manner of display (b) Manner of display (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of display (b) Manner of display (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of cash disbursement (b) Manner of display (b) Manner of cash disbursement (b) Manner of cash disbursement <th>Part II Continuation o</th> <th>f Grants and Other</th> <th>Assistance to Organiza</th> <th>tions or Entities Outside the</th> <th>United States.</th> <th>(Schedule F (Form 9</th> <th>90), Part II, line 1</th> <th>)</th> <th>1 ugo 2</th>	Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1 ugo 2
Image: Second	1	(b) IRS code section	(a) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
Image: Strain of the approximation of the									
Image: Strain of the approximation of the			MIDDLE EAST AND						
Image: Second				HEALTH AND WELFARE	9,945.	WIRE TRANSFER	٥.		
Image: Second									
Image: Second									
MIDDLE EAST AND NORTH AFRICA ARTS AND CULTURE 9,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 30,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH & WELFARE, AND EDUCATION 15,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH & WELFARE, AND EDUCATION 15,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0.				HEALTH AND WELFARE	28,738.	WIRE TRANSFER	٥.		
Image: Solution of the approximate of t					,				
Image: Solution of the approximate of t									
MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 30,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH & WELFARE, AND EDUCATION 15,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0.				ARTS AND CULTURE	9 000.	WIRE TRANSFER	0.		
Image: Second					,				
Image: Second									
MIDDLE EAST AND NORTH AFRICA HEALTH & WELFARE, AND EDUCATION 15,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0.					20 000	NTDE MDANCEED	0		
Image: Second			NORTH AFRICA	HEALTH AND WELFARE	30,000.	WIRE TRANSFER	· · ·		
Image: Second									
MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0. MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0.									
Image: North Africa HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. Image: North Africa I			NORTH AFRICA	EDUCATION	15,000.	WIRE TRANSFER	0.		
Image: North Africa HEALTH AND WELFARE 56,000. WIRE TRANSFER 0. Image: North Africa I									
MIDDLE EAST AND NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0.			MIDDLE EAST AND						
Image: North Africa HEALTH AND WELFARE 24,253. WIRE TRANSFER 0. Image: North Africa HEALTH AND WELFARE 24,253. WIRE TRANSFER 0.			NORTH AFRICA	HEALTH AND WELFARE	56,000.	WIRE TRANSFER	٥.		
NORTH AFRICA HEALTH AND WELFARE 24,253. WIRE TRANSFER 0. Image: Middle East and Image: Middle Eas									
MIDDLE EAST AND			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	24,253.	WIRE TRANSFER	٥.		
NORTH AFRICA HEALTH AND WELFARE 186 262 WIRE TRANSFER 0			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	186,262.	WIRE TRANSFER	٥.		
MIDDLE EAST AND			MIDDLE EAST AND						
NORTH AFRICA HEALTH AND WELFARE 122,782. WIRE TRANSFER 0.				HEALTH AND WELFARE	122,782.	WIRE TRANSFER	٥.		

Schedule F ((Form 990))
	1 01111 330	,

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation of			tions or Entities Outside the	Inited States	(Schedule E (Form 9		1)	1 age 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	270,477.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	43,583.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	0.		29,973.	WHEELCHAIRS	FMV
						,		
		1				I	1	1

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
DUCATION AND SCHOLARSHIPS	DJIBOUTI, EGYPT,	76	121,442.	WIRE TRANSFER	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
ALARIES	DJIBOUTI, EGYPT,	22	259,587.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021

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

132074 12-20-21

Schedule F (Form 990) 2021 UNITED PALESTINIAN APPEAL, INC.	11-2494808	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountin	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	l); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	ation. See instructions.	
SCHEDULE F, PART I, LINE 2:		
IN ORDER TO INCREASE TRANSPARENCY AND OVERSIGHT FOR THE GRA	ANTS, AND	
INCREASE THE IMPACT OF EVERY DOLLAR SPENT, UPA IMPLEMENTED	THE NEW	
PROJECT-BASED MODEL. UPA HAD THOSE THAT RECEIVED GRANTS SUB	3MIT	
PROPOSALS FOR PROJECTS AND SIGN A TERMS OF GRANT FOR EACH P	PROJECT. IN	
ORDER TO CREATE MORE TRANSPARENCY AND GET MORE INFORMATION	OUT TO EACH	
PROJECT GRANT APPLICATION, UPA UPDATED THE APPLICATION TO 3	NCLUDE NINE	
SPECIFIC QUESTIONS THAT WOULD BE USED TO EVALUATE THE APPLI	CATION, SUCH	
AS "IS THE PROJECT SUSTAINABLE?" AND "DOES THE PROJECT BUII	D CAPACITY?"	
THIS MADE IT EASIER TO OBJECTIVELY WEIGH PROJECT GRANT APPI	ICATIONS	
AGAINST EACH OTHER, AND ALL THOSE QUESTIONS WERE INCLUDED]	IN THE RUBRIC	
UPA CREATED. OTHER FACTORS UPA TOOK INTO ACCOUNT WHEN POSSI	BLE, WERE	
EACH ORGANIZATION'S STRUCTURE AND EFFICIENCY, RESPONSIVENES	SS, 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, PART III, LINE 1, COL (C):

THE NUMBER OF INDIVIDUAL RECIPIENTS RECEIVING ASSISTANCE IS DETERMINED

BY THE NUMBER OF SCHOLARSHIPS THE ORGANIZATION PROVIDED AND THE NUMBER

OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGANIZATION.

132075 12-20-21

Schedule F (Form 990) 2021

14330415 130075 PM134840.0

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n 1	
•		Compensated Employees		20	Z	1
-		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
Nam	e of the organizatio	n	Employer	identificatio	on nui	nber
		UNITED PALESTINIAN APPEAL, INC.	11-2	249480	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
_						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
-				1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimation used to establish the companyation of the experimation?				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
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	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	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 compensatio	'n			
	contingent on the r	evenues of:				
						X
		ation?				X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strain described in Regulations assetion 52 (058 4(s)/2)2 If "Ves" describes in Rest III.				x
0				8		
9		id the organization also follow the rebuttable presumption procedure described in		9		
	Regulations section	1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2021
∟ПА			Sched	aule a (Forn	1 990)	2021

132111 11-02-21

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) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SALEEM ZARU	(i)	145,000.	0.	0.	5,800.	21,292.	172,092.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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)							
	(ii)							

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) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2021

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.

Attach to Form 990.

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

Name of the organization

Employer identification number
11-2494808

n					
	UNTTED	PALESTINIAN	APPEAL	TNC.	

Pa	t I Types of Property	1111	···· · · · · · · · · · · · · · · · · ·					
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	ution an	nounts	5
1	Art - Works of art			, , <u>,</u>				
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	138,910.	FAIR MARKET	VAI	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	X	6	26,805,949.	FAIR MARKET	VAI	LUE	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of		•	· · ·				v
_	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

132141 11-17-21

describe in Part II.

	1 (Form 990) 2021		PALESTINIAN		INC
Part II	Supplementa	I Informatic	Dn. Provide the informa	tion required by	Part I

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE

M, PART I, COLUMN (B).

Schedule M (Form 990) 2021

132142 11-17-21

14330415 130075 PM134840.0

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



11-2494808

UNITED PALESTINIAN APPEAL, INC.

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 \$ 217,890. 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) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

Name of the organization	UNITED PA	LEST	TINIAN AP	PEAL, IN	۱C.			Employer identification number 11-2494808
BOARD APPROVED	CONFLICT	OF	INTEREST	POLICY	IN	PLACE	WHICH	EFFECTIVELY
COVERS THESE M	ATTERS.							

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.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990) 2021

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