Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Τ

Ał	or th	e 2022 calendar year, or tax year beginning and	l ending				
B c	Check if pplicab	C Name of organization D Employer identification number			ation number		
	Address UNITED PALESTINIAN APPEAL, INC.						
	Name			11-249480)8		
	Initial		Room/suite	E Telephone number			
	 	1330 NEW HAMPSHIRE AVENUE, NW	104	(202) 659			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	83,895,763.		
	Amer returr	ded WACHINGTON DC 20026		H(a) Is this a group return			
	Appli tion	F Name and address of principal officer: SALLER F • ZARU		for subordinates? Yes X No			
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates included? Yes No			
11	Tax-ex	empt status: 🚺 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1)	or 527				
٦ /	Nebsi	te: WWW.HELPUPA.ORG		H(c) Group exemptior	n number		
KF	orm o	f organization: 🚺 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1978	I State of legal domicile: NY		
Pa	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: \underline{TO} A					
Activities & Governance		PALESTINIANS; ESPECIALLY THOSE LIVING IN	THE WE	EST BANK, GA	ZA STRIP		
srna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass			
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			6		
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			15		
viti	6	Total number of volunteers (estimate if necessary)			6		
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		30,557,592.	83,463,098.		
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		345,383.	109,105.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	282.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,902,975.	83,572,485.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,673,700.	82,290,839.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.1,091,767.	0. 1,191,689.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,091,707.	0.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 403,7		532,255.	634,920.		
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,297,722.	84,117,448.		
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		605,253.	-544,963.		
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ts or		Tatal assats (Dart V. line 10)		6,253,375.	5,278,170.		
Assets -	20	Total assets (Part X, line 16)		529,090.	887,307.		
Net A		Total liabilities (Part X, line 26)		5,724,285.	4,390,863.		
	art II	Net assets or fund balances. Subtract line 21 from line 20		5,124,205.	±,590,005•		
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							
Silu	- 2011	and a perior of the state of th					

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	
-	SALEEM F. ZARU, EXECUTIVE	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date		
Paid	HIN CHIU LO	HIN CHIU LO	08/29	/23 self-employed P00968200	
Preparer	Firm's name PRAGER METIS CPAS			Firm's EIN 54-1156733	
Use Only	Firm's address 1360 BEVERLY ROAD	, SUITE 300			
	MCLEAN, VA 22101			Phone no. 703-821-0702	
May the IRS discuss this return with the preparer shown above? See instructions IV Yes IV No					
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITED PALESTINIAN APPEAL, INC. (UPA) IS A 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?
5	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.
7	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	
48	(Code:) (Expenses \$ 81,915,380. including grants of \$ 81,704,399.) (Revenue \$) HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR 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.
	DEFRIVED CHILDREN THROUGH FROGRAMS CONDUCTED BI OFA 5 FARINERS.
	<u>, , , , , , , , , , , , , , , , , , , </u>
4b	(Code:) (Expenses \$ 399,458. including grants of \$ 253,393.) (Revenue \$)
	<u>COMMUNITY DEVELOPMENT - ALL EXPENSES INCURRED TO REBUILD AND</u> REHABILITATE PALESTINIAN COMMUNITY INFRASTRUCTURES AS WELL AS
	ENVIRONMENTAL AND AGRICULTURAL PROJECTS, AND TO IMPLEMENT
	MICRO-ENTERPRISE, MICRO-FINANCE AND OTHER PROJECTS THAT STIMULATE
	EMPLOYMENT.
4.	(Code:) (Expenses \$ 466,333. including grants of \$ 333,047.) (Revenue \$)
4c	(Code:) (Expenses \$400,333. including grants of \$333,047.) (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.
	DIVING IN OK INTEND TO RETORN TO PREDITINE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 206,299. including grants of \$) (Revenue \$)
4e	Total program service expenses 82,987,470.
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 Form 990 (2022)
 UNITED PALESTINIAN APPEAL, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </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?			х
10	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
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
Ь	Part VI	11a	- 11	
D		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		x
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		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? If	200		
•	"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	20		
00	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	01		
02		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34		24		x
2E c	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		3 5a		- 23
a	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)(12)2. (51)(22) (51) (22)	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	17	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) UNITED PALESTINIAN APPEAL, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	11-2494	808	P	_{age} 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	NO
Zu	filed for the calendar year ending with or within the year covered by this return	2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
- 3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign countryJORDAN, OTHER COUNTRY				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		v
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life of ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, air		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 11		
U	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the enserving experiention makes an teachle distributions under eaching 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
-	organization is licensed to issue qualified health plans	13b	-		
C 140	Enter the amount of reserves on hand	13c	140		x
14a			14a 14b		
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<u> </u>
10	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
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, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

If "Yes," complete Form 6069.	
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 UNITED PALESTINIAN APPEAL, INC.
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 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	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> 6			
	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 w	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	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders, 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	by the 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 reach	ned at the			
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	pters, affiliates,			
	· · · · · · · · · · · · · · · · · · ·		10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body l	before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	-,	10-	х	
10	on Schedule O how this was done		12c 13	X	
13 14	Did the organization have a written whistleblower policy? 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 approval I	ov independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
а			15a	х	
b	Other officers or key employees of the organization		15a	X	
U.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	the set is a set in the second		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		1		
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (section 501(c)(3)	s only)	availat	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 of	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	,	d finano	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records			
	UNITED PALESTINIAN APPEAL, INC 202-659-5007				
	1330 NEW HAMPSHIRE AVENUE, N.W., SUITE 104, WASHING	FON, DC 2003			
23200	12-13-22		Form	990	(2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See 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, box 6 of 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. Т

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an				than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	officer and a director/trustee) from from related any ising ising ising ising any ising ising ising ising ising ising ising ising ising ated ising ising ising ising ising ising ising ising ising ising ising ising ising ising ising ising ising		other compensation from the organization and related organizations						
(1) SALEEM ZARU EXECUTIVE DIRECTOR	40.00			x				155,833.	0.	26,203.
(2) ISAM SALAH	5.00							155,055.		20,203.
CHAIRMAN		х		x				0.	0.	0.
(3) GEORGE SALEM	2.00									
SECRETARY		x		x				0.	0.	0.
(4) FREDERICK T. HADEED	2.00									
TREASURER		х		x				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.
		-								
			-			-				
		-								
		-								
232007 12-13-22	<u> </u>	I	L	I	I	L	I	1	1	Form 990 (2022)

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Form 990 (2022)

Form	990 (2022) UNITED PA									11-24	194	808	Pa	age 8
I ai	t VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week	(do box,	l not ch unles	(C Posi neck r as per	C) ition more son is		ne an	ompensated Employee (D) Reportable compensation from	s (continued) (E) Reportable compensatio from related	n Estima		ount	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	comp fro orga and		e ion ed
	Subtotal Total from continuation sheets to Part VII								<u> </u>		0.			03.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to the							155,833. eceived more than \$100,	000 of reportable	0.	26	5,2	03.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	uch individual	, 				, 					3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes, accrue compen	" <i>coi</i> satio	mple on fre	ete S om a	Sche any	<i>dule</i> unre	<i>J f</i> late	or such individual	dual for services		4	x	v
	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors	-										5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensat			
	(A) Name and business	address	NC	ONE	1			_	(B) Description of s	ervices	C	(C compen) Isatio	n
								_						
								+						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C	e list)	ted	above) who received mo	ore than			000	

Form 990 (2022)

Form	n 990	0 (2	2022) UNITED PALES	TINIAN APP	PEAL, INC.		11-2494	808 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin	e 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 - 51
ŝ	1	а	Federated campaigns 1a	17,400.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ъ С			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e					
rsi		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	83,445,698.				
d O		-	Noncash contributions included in lines 1a-1f	80,368,593.				
ы С		h	Total. Add lines 1a-1f		83,463,098.			
				Business Code				
e	2	а						
erv		b						
Program Service Revenue		C.						
grar Rev		d		-				
, ro		e		-				
			All other program service revenue					
	3	g	Total. Add lines 2a-2f Investment income (including dividends, inte					
	3				155,736.			155,736
	4		other similar amounts) Income from investment of tax-exempt bond		,			,
	5		Royalties	-				
	Ū		(i) Real	(ii) Personal				
	6	а	Gross rents					
	-							
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	; (ii) Other				
			assets other than inventory 7a 276,647	7.				
		b	Less: cost or other basis					
en			and sales expenses 7b 323,278					
enue		с	Gain or (loss)	L.				
		d	Net gain or (loss)		-46,631.			-46,631.
Other R	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
				Bb				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
		h)a Ib				
			Less: direct expenses9 Net income or (loss) from gaming activities	ן מי				
			Gross sales of inventory, less returns					
	10	a	-	0a				
		þ		0b				
			Net income or (loss) from sales of inventory					
		-		Business Code				
snc	11	а	MISCELLANEOUS	900099	282.			282.
ane		b						
eve		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		282.			
	12		Total revenue. See instructions		83,572,485.	0.	0.	109,387.
232009	9 12-	-13-	-22					Form 990 (2022

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UNITED PALESTINIAN APPEAL, INC. 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		0		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
70,	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				
U	organizations, foreign governments, and foreign				
		82 200 830	82,290,839.		
	individuals. See Part IV, lines 15 and 16	02,290,039.	02,290,039.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	182,036.	74,289.	54,446.	53,301.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	835,982.	390,181.	244,563.	201,238.
		000,0024			201/2001
8	Pension plan accruals and contributions (include	10 104	1 610	2 0.60	0 E0C
	section 401(k) and 403(b) employer contributions)	10,104.	4,610.	2,968.	<u>2,526.</u> 26,025.
9	Other employee benefits	104,088.	47,491.	30,572.	26,025.
10	Payroll taxes	59,479.	27,137.	17,471.	14,871.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	31,358.		31,358.	
		01,0001			
	Lobbying				
	Professional fundraising services. See Part IV, line 17	22 500		22 500	
f	Investment management fees	22,588.		22,588.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	40,569.		40,569.	
12	Advertising and promotion				
13	Office expenses	115,048.	42,451.	34,185.	38,412.
14	Information technology				
15	Royalties				
		96,217.	43,898.	28,261.	24,058.
16		64,839.	=5,050.	64,839.	24,030.
17	Travel	04,039.		04,039.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,715.	2,062.	337.	316.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,427.	12,057.	7,764.	6,606.
			,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,0001
23	Insurance				
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.)				
а	POSTAGE AND SHIPPING	115,703.	13,009.	87,601.	15,093.
b	PRINTING AND ADVERTISIN	67,934.	39,446.	7,196.	21,292.
с	BANK CHARGES	51,522.		51,522.	
d		·			
	All other expenses				
	·	84,117,448.	82,987,470.	726,240.	403,738.
25	Total functional expenses. Add lines 1 through 24e	07,11/,440.	04,001,410.	140,440.	=UJ,/JU.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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(A) Beginning of year

UNITED PALESTINIAN APPEAL, INC. Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

(B) End of year

				Degining of year		Life of year
1	Cash - non-interest-bearing			852,905.	1	809,135.
2	Savings and temporary cash investments			651,123.	2	31,659.
3	Pledges and grants receivable, net	175,921.	3	272,267.		
4	Accounts receivable, net			12,180.	4	
5	Loans and other receivables from any current or					
	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	ied pers	ons (as defined			
	under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			38,593.	9	54,736.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	854,937.			
b	basis. Complete Part VI of Schedule D	10b	271,096.	294,130.	10c	583,841.
11	Investments - publicly traded securities			4,228,523.	11	3,526,532.
12	Investments - other securities. See Part IV, line 1	1			12	
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets		L		14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	6,253,375.	16	5,278,170.
17	Accounts payable and accrued expenses			284,776.	17	650,090.
18	Grants payable				18	
19	Deferred revenue			244,314.	19	237,217.
20	Tax-exempt bond liabilities		······		20	
21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
22	Loans and other payables to any current or form	er office	r, director,			
	trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated		Г		24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			F00 000	25	007 207
26	Total liabilities. Add lines 17 through 25			529,090.	26	887,307.
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.			F 600 762		1 276 569
27	Net assets without donor restrictions			5,690,763.	27	<u>4,376,568.</u> 14,295.
28				33,522.	28	14,295.
	Organizations that do not follow FASB ASC 95	58, cnec	к nere			
~	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc			5,724,285.	31	4,390,863.
32	Total net assets or fund balances			6,253,375.	32	5,278,170.
33	Total liabilities and net assets/fund balances			0,200,010.	33	Eorm 990 (2022)

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2022) UNITED PALESTINIAN APPEAL, INC.	11 - 24	194808	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,572		
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,117		
3	Revenue less expenses. Subtract line 2 from line 1	3	-544		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,724		
5	Net unrealized gains (losses) on investments	5	-788	3,4!	<u>59.</u>
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	4,390),8(<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (aan /	

Form **990** (2022)

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
2022
Open to Public Inspection

-

Nam	ne of t	the organization							identification number
				NIAN APPEAL,					1-2494808
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization					•	(iii). Enter	the hospital's name,
		city, and state:		, ,				. ,	, , , , , , , , , , , , , , , , , , ,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed bv a ac	vernmental un	it describe	ed in
-		section 170(b)(1)(A)(iv). (C		5		, ,			
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
	T	An organization that norma	•					a ganaral r	oublic described in
'		section 170(b)(1)(A)(vi). (C			onna gove	minenta		e general j	
0				1)(A)(vi) (Complete Der	• 11 \				
8 9	\square	A community trust describe			-	nd in oonii	unation with a l	and aront	collogo
9		An agricultural research org				-		-	-
		or university or a non-land-g	frant college of agric	ulture (see instructions).		lame, city	, and state of t	ne college	
40		university:		11					
10		An organization that norma					-		•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a		•	•				_
12		An organization organized a	•	•	•		-	•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o						-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	i(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following informatior	about the supporte						
	(Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	al								

Schedule	A (Form 990) 2022
Part II	Suppo	rt Scl

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	33109101.	34153359.	5547000.	30557592.	83463098.	186830150
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	33109101.	34153359.	5547000.	30557592.	83463098.	186830150
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						186830150
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	33109101.	34153359.	5547000.	30557592.	83463098.	186830150
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	107,707.	124,552.	110,713.	188,418.	155,736.	687,126.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	163.	2,264.	61,452.		282.	<u>64,161.</u> 187581437
11	Total support. Add lines 7 through 10						187581437
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.60 %
	Public support percentage from 2021					15	99.42 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua		• •				
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A	(Form	990	2022
		000	1 2022

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (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 disgualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (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						
c 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						tion
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 in		
232023 12-09-22		15	5		Sched	lule A (Form 990) 2022

UNITED PALESTINIAN APPEAL, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

16

232024 12-09-22

che	aule A	(FOIN 990) 2022 ONTIED INDEDITION ATTEND, INC.	TT 7		0 Pa	age o
Pa	rt IV	Supporting Organizations (continued)				
					Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?				
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	elow, the governing body of a supported organization?		11a		
b	A fan	ily member of a person described on line 11a above?		11b		

TNC

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

ΙΝΤΜΕΝ ΟΛΙΕΩΠΤΝΙΑΝ ΛΟΒΕΛΙ

Section B. Type I Supporting Organizations

			Yes	No
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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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			
	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. Section C. Type II Supporting Organizations

			Yes	-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

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

see instructions).
see

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

17

- 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.*

11-2/0/000

11c

No

232025 12-09-22

Schedule A (Form 990) 2022

08000829 130075 PM134840.1

		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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-function		ed Type III supporting orga	nization (see
		,		V

instructions).

Schedule A (Form 990) 2022

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 Schedule A (Form 990) 2022
 UNITED PALESTINIAN APPEAL, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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08000829 130075 PM134840.1

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

UNITED PALESTINIAN APPEAL, INC.

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1

2 3

Current Year

Schedule A	1						N APPEA			
Part V	Type II	Non-	Function	ally Inte	egrated	509(a)(3) \$	Supporting	l Org	janizations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

Part V	Part IV, Section line 1; Part IV, S	5, 6, and 8; and Part V, Sectio	ı, 6, 9a, 9b, 9c, 11a, 11b, and , Section E, lines 1c, 2a, 2b, 3	11c; Part IV, Section B, lines 8a, and 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEI	DULE A, PAR	RT II, LINE 10,	EXPLANATION FOR	OTHER INCOME:	
MISCE	ELLANEOUS I	NCOME			
2018	AMOUNT: \$	163.			
2019	AMOUNT: \$	2,264.			
2020	AMOUNT: \$	61,452.			
2022	AMOUNT: \$	282.			
232028 12-0	09-22		20		Schedule A (Form 990) 202

223451 11-15-22

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

Employer identification number

	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 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 ______\$

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) (2022)



Schedule B (Form 990) (2022)

UNITED PALESTINIAN APPEAL, INC.

D Contributoro

Part I	CONTRIDUTORS (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>75,431,552.</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		\$ 2,783,066.	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
3		\$ 1,734,528.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

11-2494808

223452 11-15-22

08000829 130075 PM134840.1

Name of o	rganization		Employ	er identification number
UNITE	D PALESTINIAN APPEAL, INC.		11-	-2494808
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	I.	
(a) No. from Part I	(b) (c) FMV (or estimate) (See instructions.)			(d) Date received
1	MEDICAL AND PHARMACEUTICAL SUPPLIES			
1		\$ 75,431,5	52.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
	MEDICAL SUPPLIES			
2		\$2,783,0	66.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
2	MEDICAL AND PHARMACEUTICAL SUPPLIES			
3		\$1,734,5	28.	12/31/22
(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
		\$		

23

223453 11-15-22

Schedule B (Form 990) (2022)

08000829 130075 PM134840.1

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page 4				
Name of o	organization			Employer identification number				
UNITE	D PALESTINIAN APPEAL, IN	2.		11-2494808				
Part III		s to organizations described in se						
	completing Part III, enter the total of exclusively religious, cha	aritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info.	once.) \$				
(a) No.	Use duplicate copies of Part III if additional sp							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
<u> </u>								
	•	(e) Transfer of gif	t					
	Transferee's name, address, and		Polationship of tr	anafarar ta transforaa				
			Relationship of t	ansferor to transferee				
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I		(0) 000 01 9.11	(4) 200					
	I	(e) Transfer of gif	t					
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, and	i ZIP + 4	Relationship of tr	ansferor to transferee				
223454 11-15	5-22	24		Schedule B (Form 990) (2022)				
		43						

SCHEDULE D

(Form	990)
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b

232051 09-01-22

Supplemental Financial Statements



(Form 990)		Complete if the orga Part IV, line 6, 7, 8, 9, 10	2022				
	tment of the Treasury al Revenue Service		.ttach to Form 990. 0 for instructions and the latest informatio	n	Open to Public Inspection		
	e of the organizati	· · · · · · · · · · · · · · · · · · ·			mployer identification number		
- ann		UNITED PALESTINIAN	APPEAL, INC.		11-2494808		
Pa	rt I Organiza		d Funds or Other Similar Funds or	Accou			
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Fi	unds and other accounts		
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value a	at end of year					
5			writing that the assets held in donor advised	funds			
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes 📃 No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only			
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring			
	impermissible priv	vate benefit?			Yes No		
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line	7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	nistorical	lly important land area		
		of natural habitat	Preservation of a c	certified	nistoric structure		
		n of open space					
2			fied conservation contribution in the form of a	a conserv			
	day of the tax yea				Held at the End of the Tax Year		
а							
b	-						
c			ucture included in (a)	20			
d		rvation easements included in (c) acquired a					
~							
3		rvation easements modified, transferred, rei	eased, extinguished, or terminated by the org	ganizatio	n during the tax		
л	year	where property subject to conservation and	soment is legated				
4 5		where property subject to conservation east ation have a written policy regarding the per					
5	-	forcement of the conservation easements it			Yes No		
6			holds? holds? handling of violations, and enforcing conserv				
Ŭ				ation ca	sements during the year		
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easeme	ents during the year		
	· · · · · · · · · · · · ·						
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
					Yes No		
9			on easements in its revenue and expense sta				
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's financial statements	s that de	scribes the		
-		counting for conservation easements.					
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	r Simil	ar Assets.		
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance	sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	-		8, to report in its revenue statement and bala				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furthera	ince of p	ublic service,		
	•	ving amounts relating to these items:					
	(ii) Assets include	ed in Form 990, Part X			\$		

Assets included in Form 990, Part X

25	5	
0	04000	 -

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

2022.04020 UNITED PALESTINIAN APPEAL PM134841

\$

\$

Schedule D (Form 990) 2022

Sche		PALESTINIA						11-24			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historic	al Tre	asures, or	^r Other	[·] Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any	of the f	ollowing that	make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	• 🔄 Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they fu	irther th	e organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historio	al treas	ures, or othe	r similar	assets		-		,
D -	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	anizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						Amount		
_							4.		Amoun	•	
	Beginning balance										
	Additions during the year										
f	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		(c) Two year		(d) Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g, col	umn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held an	id administer	ed for the	е		ſ	Yes	Na
	organization by:									Tes	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations		ad an Cabad						3a(ii) 3b		
U A	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipn			•							
	Complete if the organization answere), Part IV, line	e 11a. S	ee Form 990.	, Part X, I	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Bool	< value	3
		basis (investr		basis (• •	preciation		(u) 2001	(value	-
1 a	Land		·		6,821.				166	5,82	21.
	Buildings				4,523.	1	49,82	29.		1,69	
	Leasehold improvements				1,591.		75,08			5,50	
	Equipment				3,738.		37,91			5,82	
	Other				8,264.		8,26			-	0.
	. Add lines 1a through 1e. (Column (d) must e		<u>X. column (B</u>			<u></u>	-		583	3,84	11.
				-	-						

232052 09-01-22

Schedule D	(Form 990) 2022		STINIAN APPEA	L, INC.	11-2494808 Page 3
Part VII		Other Securities.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	e 12.
(a) Descrip	otion of security or catego	OTY (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financia	al derivatives				
(2) Closely					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990,	Part X, col. (B) line 12.)			
Part VIII	Investments - F	Program Related.			
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	∋ 13.
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: C	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 orga	nization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	∋ 1 5.
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal For	rm 990. Part X. col. (B) lin	e 15.)		
Part X	Other Liabilities	S.	- · - ·,		
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	t X, line 25.
1.	(a) De	scription of liability			(b) Book value
	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	imp (b) must aqual Ear	m 000 Part V col (P) lin	e 25.)		
				the organization's financial sta	tements that reports the
- cabiiity	ioi unoortain tax posi			and organization o michoial sta	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

232053 09-01-22

	edule D (Form 990) 2022 UNITED PALESTINIAN APPEAL,				2494808 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				00 761 400
1	· · · · · · · · · · · · · · · · · · ·			1	82,761,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	3 (-788,459.		
b					
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-788,459.
3	Subtract line 2e from line 1			3	83,549,897.
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	22,588.		
b	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	22,588.
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	83,572,485.
5					83,572,485. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With			n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		83,572,485. n. 84,094,860.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per R	letur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per R	letur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per R	letur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other IN Part XIII.)	ents With 2a 2b 2c 2d	Expenses per R	letur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per R	1	n. 84,094,860.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per R	letur 1 2e	n. <u>84,094,860.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With	Expenses per R	letur 1 2e	n. <u>84,094,860.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a	Expenses per R	letur 1 2e	n. <u>84,094,860.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d 4a 4b	22,588.	letur 1 2e	n. <u>84,094,860.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 2d 4a 4b	22,588.	letur 1 2e 3	n. 84,094,860. 0. 84,094,860.

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.
THREE YEARS AFTER IT WAS FILED. 232054 09-01-22 Schedule D (Form 990) 2022 28

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Schedule D	(Form	990) 202	2
D . J VIII	•			-

Part XIII Supplemental Information (continued)	
32055 09-01-22	Schedule D (Form 990) 2022

SCHEDULE F Statement of Activities Outside the United States			OMB No. 1545-0047				
	rm 990)			nswered "Yes" on Form 990, Part IV,			2022
	rtment of the Treasury	. .		Attach to Form 990.			Open to Public
	al Revenue Service ne of the organization	Go to _W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection dentification number
INAII	le of the organization						
	ITED PALESTI	NIAN APPE	AL, INC.			11-249	4808
Pa	rt I General In	formation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	red "Yes" on
	Form 990, Par	,					
1	-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes No
2	•	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3	United States.	(The following Part	L line 3 table ca	an be duplicated if additional space is r	(hehee		
	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (c	l) (f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regic	investments
				GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,	
				LOCATED IN REGION.	COMMUNITY D	EVELOPMENT	,
MID	DLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION A	ND	
NOR	TH AFRICA -	3	28	DONATIONS OF MEDICAL DRUGS	SPONSORSHIP	S	82,290,839.
0.0	Subtotol	3	28				82,290,839.
	Subtotal		20				02,200,039.
U U	sheets to Part I		0				0.
с	Totals (add lines 3a						
	and 3b)		28				82,290,839.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

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, FM\ appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	13,300.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	16,148.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	5,400.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	6,878.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
			HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	20,068.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
			HEALTH & WELFARE, EDUCATION, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	73 025.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		,		- •		
		NORTH AFRICA -					MEDICINES AND	
		ALGERIA, BAHRAIN,					SUPPLIES	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		2783065.		FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	31,000.	WIRE TRANSFER	0.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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 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	10,274.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	48,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	EDUCATION AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	32,550.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	54,024.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	6,500.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		1734528.	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		75431552	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	30,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	23,053.	WIRE TRANSFER	٥.		

UNITED PALESTINIAN APPEAL, INC.

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Schedule F (Form 990)	01111		11 III IIII, 1110.			74000		Faye z
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	- 1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
			gran	or cash grant		assistance	assistance	appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	47,500.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	ARTS AND CULTURE	10,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	25,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	33,583.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINES AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		164,072.	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA		23,050.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	7,271.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	6,973.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	19,000.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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)	(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	18,980.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	5 310	WIRE TRANSFER	٥.		
				5,510.				
		MIDDLE EAST AND		00.000				
		NORTH AFRICA	HEALTH AND WELFARE	20,296.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	103,780.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	EDUCATION	24,700.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	10,443.	WIRE TRANSFER	٥.		
				,				
		MIDDLE EAST AND NORTH AFRICA	EDUCATION	51 634	WIRE TRANSFER	0.		
				51,054.		·.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	10,932.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	12,694.	WIRE TRANSFER	٥.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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)	(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	107,660.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	12,061.	WIRE TRANSFER	Ο.		
				,				
		MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	9 669	WIRE TRANSFER	Ο.		
				5,005.				
			HEALTH AND WELFARE,	07 000		0.		
		NORTH AFRICA	ARTIS AND CULTURE	27,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	37,910.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	EDUCATION	5,250.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	15,575.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	ARTS AND CULTURE	10,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	48,000.	WIRE TRANSFER	Ο.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

								i age z
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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	12,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND		10.000				
		NORTH AFRICA	EDUCATION	12,000.	WIRE TRANSFER	0.		
			COMMUNITY					
		MIDDLE EAST AND	DEVELOPMENT, ARTS AND					
		NORTH AFRICA	CULTURE	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND					MEDICINE AND	
		NORTH AFRICA	HEALTH AND WELFARE	0.		113,926.	SUPPLIES	FMV

Part III Grants and Other Assistan Part III can be duplicated if			tee. complete			IV, III 0 10.	
(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,	41	72,153.	WIRE TRANSFER	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
ALARIES	DJIBOUTI, EGYPT,	36	543,934.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2022

Page 3

	(Form 990) 2022		PALESTINIAN	APPEAL,
Part IV	Foreign Form	າຣ		

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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	X Yes	No No

Schedule F (Form 990) 2022

Page 4

Schedule F (Form 990) 2022 UNITED PALESTINIAN APPEAL, INC. 1	1-2494808	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 mo	ethod; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and	d 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 GRANT	S, AND	
INCREASE THE IMPACT OF EVERY DOLLAR SPENT, UPA IMPLEMENTED TH	E NEW	
PROJECT-BASED MODEL. UPA HAD THOSE THAT RECEIVED GRANTS SUBMI	т	
PROPOSALS FOR PROJECTS AND SIGN A TERMS OF GRANT FOR EACH PRO	JECT. IN	
ORDER TO CREATE MORE TRANSPARENCY AND GET MORE INFORMATION OU		
ONDER TO CREATE MORE TRANSTRAEMCT AND GET MORE INFORMATION OF	I IO EACH	
PROJECT GRANT APPLICATION, UPA UPDATED THE APPLICATION TO INC	LUDE NINE	
SPECIFIC QUESTIONS THAT WOULD BE USED TO EVALUATE THE APPLICA	TION, SUCH	
AS "IS THE PROJECT SUSTAINABLE?" AND "DOES THE PROJECT BUILD	CAPACITY?"	
THIS MADE IT EASIER TO OBJECTIVELY WEIGH PROJECT GRANT APPLIC	ATIONS	
AGAINST EACH OTHER, AND ALL THOSE QUESTIONS WERE INCLUDED IN	THE RUBRIC	
UPA CREATED. OTHER FACTORS UPA TOOK INTO ACCOUNT WHEN POSSIBL	E, 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

OF STUDENTS RECEIVING EDUCATIONAL INSTRUCTION BY THE ORGANIZATION.

232075 10-17-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Dena	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			nber
De		UNITED PALESTINIAN APPEAL, INC. s Regarding Compensation	11-2	249480	5	
Pa	rt I Question	s Regarding Compensation				
4.			000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	Travel for com	, i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Earth or social club dues or initiation fee				
		spending account				
			II, CHEI)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onlee					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
		Compensation committee Written employment contract				
	·	compensation consultant				
		ther organizations Approval by the board or compensation of	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	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
						X
b		ation?		5 b		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	-				37
						X
b		ation?		6b		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				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

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)	155,833.	0.	0.	6,800.	19,403.	182,036.	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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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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) 2022

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Z

ſ

Employer identification number

11 - 2494808

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

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

Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion ar	nounts	ذ
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	7	137,651.	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	Х	6	80,230,942.	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 organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of th	ne initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Part II	Supplementa	l Informatio	D. Provide the information	tion required by	Dart II
Schedule I	M (Form 990) 2022	UNITED	PALESTINIAN	APPEAL,	INC

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 1, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE

M, PART I, COLUMN (B).

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



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 \$ 206,299. 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

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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2022.04020 UNITED PALESTINIAN APPEAL PM134841

BOARD APPROVED CONFLICT OF INTEREST POLICY IN PLACE WHICH EFFECTIVE	
	Y
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.

232212 10-28-22

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Τ

Ał	or th	e 2022 calendar year, or tax year beginning and	l ending				
B c	Check if pplicab	e: C Name of organization	D Employer identification number				
	Addre						
	Name		11-2494808				
	Initial		Room/suite	E Telephone number			
	 	1330 NEW HAMPSHIRE AVENUE, NW	104	(202) 659			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$ 83,895,763			
	Amer returr	ded WACHINGTON DC 20026	H(a) Is this a group re	turn			
	Appli tion	F Name and address of principal officer: SALLER F • ZARU	for subordinates				
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
11	Tax-ex	empt status: 🚺 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
٦ /	Nebsi	te: WWW.HELPUPA.ORG		H(c) Group exemptior	n number		
KF	orm o	f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1978	I State of legal domicile: NY		
Pa	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: \underline{TO} A					
Activities & Governance		PALESTINIANS; ESPECIALLY THOSE LIVING IN	THE WE	EST BANK, GA	ZA STRIP		
srna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass			
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			6		
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			6		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		15			
viti	6	Total number of volunteers (estimate if necessary)			6		
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		30,557,592.	83,463,098.		
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		345,383.	109,105.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	282.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,902,975.	83,572,485.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,673,700.	82,290,839.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.1,091,767.	0. 1,191,689.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,091,707.	0.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 403,7		532,255.	634,920.		
_	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,297,722.	84,117,448.		
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		605,253.	-544,963.		
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ts or		Tatal assats (Dart V. line 10)		6,253,375.	5,278,170.		
Assets -	20	Total assets (Part X, line 16)		529,090.	887,307.		
Net A		Total liabilities (Part X, line 26)		5,724,285.	4,390,863.		
	art II	Net assets or fund balances. Subtract line 21 from line 20		5,124,205.	±,590,005•		
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the best of my	knowledge and belief it is		
Silu	- 2011	and a perior of the state of th					

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					
-	SALEEM F. ZARU, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	HIN CHIU LO	HIN CHIU LO	08/29	/23 self-employed P00968200					
Preparer	Firm's name PRAGER METIS CPAS			Firm's EIN 54-1156733					
Use Only	Firm's address 1360 BEVERLY ROAD	, SUITE 300							
	MCLEAN, VA 22101			Phone no. 703-821-0702					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) UNITED PALESTINIAN APPEAL, INC. 11-2494808 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITED PALESTINIAN APPEAL, INC. (UPA) IS A 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 prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O. 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.
	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 \$ 81,915,380. including grants of \$ 81,704,399. (Revenue \$) HEALTH AND WELFARE - ALL EXPENSES INCURRED FOR 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 \$ 399,458. including grants of \$ 253,393.) (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	
	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 \$ 206, 299. including grants of \$) (Revenue \$)
4e	Total program service expenses 82,987,470.
232002	Form 990 (2022)

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Form	990	(2022)

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	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			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b		11b		х
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a		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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			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		<u> </u>
	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			37
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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? <i>If</i>	28a		х
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"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	25		
00	contributions? If "Yes," complete Schedule M	30		х
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			
0L	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	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?	1c	X	
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232004 12-13-22

Form	990 (2022) UNITED PALESTINIAN APPEAL, INC.		11-2494	808	P	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			ſ		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4 -				
	filed for the calendar year ending with or within the year covered by this return	2a	15				
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b 3a	Х	x	
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a	Х		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounts (Fl	BAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizat	ion solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	;				
	were not tax deductible?			6b		<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provid	ed to the payor?	7a		X X	
				7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required					
	to file Form 8282?	1 1		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		x	
е							
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		<u> </u>	
h							
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		<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>	
b				9b		<u> </u>	
10	Section 501(c)(7) organizations. Enter:	I I					
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:	I I					
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	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	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>	
	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	I I					
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		x	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disgualified or other person engage in any ac	tivities				1	

17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
	lf "Yes," complete Form 6069.

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2022.04020 UNITED PALESTINIAN APPEAL PM134841

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Form **990** (2022)

UNITED PALESTINIAN APPEAL, INC.

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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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Δ
000	tion A. devenning body and management		Vaa	Na
10	Enter the number of voting members of the governing body at the end of the tax year 1a	5	Tes	No
Ia	If there are material differences in voting rights among members of the governing body at the end of the fax year 1a	4		
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	5		
b	Enter the number of voting members included on line 1a, above, who are independent 1b f Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
2				x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3				x
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	<u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	 .		
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	<u>8a</u>	X X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	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 Revenue Code.)			
40-	Distinction in the state of the	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a		12a		
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
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 arrangement with 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0.1	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 <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule 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 name, address, and telephone number of the person who possesses the organization's books and records UNITED PALESTINIAN APPEAL, INC. - 202-659-5007

1330	NEW	HAMPSHIRE	AVENUE,	N.W.,	SUITE	104,	WASHINGTON,	DC	20036
232006 12-13-22									Form 990 (2022)

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List al of the organization of current key employees, if any, dee the instructions for deminitor of key employees.

• 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, box 6 of 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	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is b		on is both an		compensation	compensation	amount of	
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or 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 tri	ional		ploye	t com		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	ш			
EXECUTIVE DIRECTOR				x				155,833.	0.	26,203.
(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		X				0.	0.	0.
(5) SALMA EL-YASSIR	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANN FRANCIS BARHOUM	1.00									
DIRECTOR	1	х						0.	0.	0.
(7) EYAD H. ABED	1.00									
DIRECTOR		Х						0.	0.	0.
			-							
			 							
		-								
			<u> </u>							
		-								

232007 12-13-22

Form 990 (2022)

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	990 (2022) UNITED PA								INC.	11-24	948	80	Page 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	oust ch unless cer and oust trustee	ieck r s per d a di	nore son is recto	than c s both	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)		Estin amou oth compe fron organ and r	F) nated unt of her nsation n the ization elated zations
		line)	Indi	Inst	Officer	Key	High emp	Forr			+		
											_		
											_		
1b	Subtotal								155,833.		0.	26	,203.
с	Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d	Total (add lines 1b and 1c)								155,833.		0.	26	,203.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listec	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
												Y	es No
3	Did the organization list any former officer,	,					,	0		,			x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										⊢	3	
4	and related organizations greater than \$150											4 2	x
5	Did any person listed on line 1a receive or a										··· -		
	rendered to the organization? If "Yes." com	-				-			-			5	X
Sect	ion B. Independent Contractors												
	Complete this table for your five highest con the organization. Report compensation for t										nsatio	n from	
	(A)								(B)		0	(C)	
	Name and business	address	NC	ONE					Description of s	ervices	Cor	mpensa	ation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	thos C		ted	above) who received mo	ore than			

Form 990 (2022)

232008 12-13-22

				STINIAN APP	PEAL, INC.		11-2494	808 Page 9
Pa	rt V	III Statement of Reven	nue					
		Check if Schedule O cont	ains a respon	se or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
ς Ω σ	1	a Federated campaigns	1a	17,400.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		,				
n Gr		c Fundraising events						
iifts ar A		d Related organizations						
s, G milâ		e Government grants (contribut						
tion sr Si	1	f All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo		83,445,698.				
onti od C		g Noncash contributions included in lines		80,368,593.	02 462 000			
a Č		h Total. Add lines 1a-1f		Business Code	83,463,098.			
		-		Business Code				
Program Service Revenue	2 :			_				
Ser		b c						
		d						
ogra		e						
Pr	1	f All other program service reve	enue					
		g Total. Add lines 2a-2f						
	3	Investment income (including	dividends, int	erest, and				
					155,736.			155,736
	4	Income from investment of tax	-					
	5	Royalties	(i) Real	(ii) Personal				
	6	a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
	7 :	a Gross amount from sales of	(i) Securitie	s (ii) Other				
		assets other than inventory 7a	276,64	7.				
	I	b Less: cost or other basis						
venue		and sales expenses						
0		. /			-46,631.			-46,631,
Other R		 d Net gain or (loss) a Gross income from fundraising ev 			40,031.			40,031
Othe	0	including \$	· ·					
Ŭ		contributions reported on line						
		Part IV, line 18		8a				
		b Less: direct expenses		8b				
		c Net income or (loss) from func	- r	s				
	9 8	a Gross income from gaming ac						
	.	Part IV, line 19		9a				
		b Less: direct expenses	C	9b				
		c Net income or (loss) from gama Gross sales of inventory, less						
		and allowances		10a				
		b Less: cost of goods sold		10b				
		c Net income or (loss) from sale						
s				Business Code				
e e	11 :	a MISCELLANEOUS		900099	282.			282
lane enu		b		_				
Miscellaneous Revenue		c		-				
Mis	'	d All other revenue			282.			
	12	e Total. Add lines 11a-11d Total revenue. See instructions			83,572,485.	0.	0.	109,387.
		13-22			,		I 3.	Form 990 (2022

UNITED PALESTINIAN APPEAL, INC. 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						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21 \dots						
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	82,290,839.	82,290,839.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,	102 026	71 200	51 116	F2 201		
~	trustees, and key employees	182,036.	74,289.	54,446.	53,301.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	835,982.	390,181.	244,563.	201,238.		
8	Pension plan accruals and contributions (include	,					
-	section 401(k) and 403(b) employer contributions)	10,104.	4,610.	2,968.	2,526.		
9	Other employee benefits	104,088.	47,491.	30,572.	26,025.		
10	Payroll taxes	59,479.	27,137.	17,471.	14,871.		
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
с	Accounting	31,358.		31,358.			
	Lobbying						
	Professional fundraising services. See Part IV, line 17	00 500		00 500			
	Investment management fees	22,588.		22,588.			
g	Other. (If line 11g amount exceeds 10% of line 25,	10 560		40 560			
40	column (A), amount, list line 11g expenses on Sch O.)	40,569.		40,569.			
12	Advertising and promotion	115,048.	42,451.	34,185.	38,412.		
13 14	Office expenses Information technology	115,040.		54,105.	50,412.		
15	Royalties						
16	Occupancy	96,217.	43,898.	28,261.	24,058.		
17	Travel	64,839.	ŕ	64,839.	•		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	2,715.	2,062.	337.	316.		
20	Interest						
21	Payments to affiliates		10.0==				
22	Depreciation, depletion, and amortization	26,427.	12,057.	7,764.	6,606.		
23	Insurance						
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),						
а	amount, list line 24e expenses on Schedule 0.) POSTAGE AND SHIPPING	115,703.	13,009.	87,601.	15,093.		
a b	PRINTING AND ADVERTISIN	67,934.	39,446.	7,196.	21,292.		
c	BANK CHARGES	51,522.		51,522.	,		
d		. ,		· , · ·			
	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	84,117,448.	82,987,470.	726,240.	403,738.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

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Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

UNITED PALESTINIAN APPEAL, INC.

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		Check if Schedule O contains a response or no	te to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			852,905.	1	809,135.
	2	Savings and temporary cash investments	651,123.	2	31,659.		
	3	Pledges and grants receivable, net		175,921.	3	272,267.	
	4	Accounts receivable, net			12,180.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				38,593.	9	54,736.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	854,937.			
	b	Less: accumulated depreciation	10b	854,937. 271,096.	294,130.	10c	583,841.
	11	Investments - publicly traded securities			4,228,523.	11	3,526,532.
	12	Investments - other securities. See Part IV, line				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 equ			6,253,375.	16	5,278,170.
	17	Accounts payable and accrued expenses	284,776.	17	650,090.		
	18	Grants payable		18			
	19	Deferred revenue			244,314.	19	237,217.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or forr	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ns		22	
1	23	Secured mortgages and notes payable to unrel	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			529,090.	26	887,307.
		Organizations that follow FASB ASC 958, ch	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			5,690,763.	27	4,376,568.
Ba	28	Net assets with donor restrictions			33,522.	28	14,295.
pur		Organizations that do not follow FASB ASC 9	958, cheo	ck here			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		L		29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		L	5,724,285.	32	4,390,863.
	33	Total liabilities and net assets/fund balances			6,253,375.	33	5,278,170.

Form **990** (2022)

	1990 (2022) UNITED PALESTINIAN APPEAL, INC.	11 - 24	194808	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,572		
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,117		
3	Revenue less expenses. Subtract line 2 from line 1	3	-544		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,724		
5	Net unrealized gains (losses) on investments	5	-788	3,4!	<u>59.</u>
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	4,390),8(<u>63.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (aan /	

Form **990** (2022)

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
2022
Open to Public Inspection

-

Nam	ne of t	the organization							identification number
				NIAN APPEAL,					1-2494808
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization					•	(iii). Enter	the hospital's name,
		city, and state:		, ,				. ,	, , , , , , , , , , , , , , , , , , ,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed bv a ac	vernmental un	it describe	ed in
-		section 170(b)(1)(A)(iv). (C		5		, ,			
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
	T	An organization that norma	•					a ganaral r	oublic described in
'		section 170(b)(1)(A)(vi). (C			onna gove	minenta		e general j	
0				1)(A)(vi) (Complete Der	• 11 \				
8 9	\square	A community trust describe			-	nd in oonii	unation with a l	and aront	collogo
9		An agricultural research org				-		-	-
		or university or a non-land-g	frant college of agric	ulture (see instructions).		lame, city	, and state of t	ne college	
40		university:		11					
10		An organization that norma					-		•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a		•	•				_
12		An organization organized a	•	•	•		-	•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o						-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	i(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following informatior	about the supporte						
	(Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	al								

Schedule	A (Form 990) 2022
Part II	Suppo	rt Scl

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	33109101.	21152250	5547000	30557592	83163098	196930150
•	include any "unusual grants.")	55109101.	54155559.	5547000.	50557592.	05405090.	100020120
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	33109101.	21152250	5547000	20557502	83463098.	106020150
	Total. Add lines 1 through 3	55109101.	54155559.	5547000.	50557592.	05405090.	100020120
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
~							186830150
	Public support. Subtract line 5 from line 4.						<u>100020120</u>
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 33109101.	(b) 2019 3 / 1 5 3 3 5 9	(c) 2020	(d) 2021	(e) 2022 83463098.	(f) Total
	Amounts from line 4	55109101.	24133333.	5547000.	50557592.	05405090.	100030130
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	107 707	124,552.	110 713	199 /19	155,736.	687,126.
~	and income from similar sources	107,707.	124,332.	110,713.	100,410.	100,700.	007,120.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	163.	2,264.	61,452.		282.	61 161
	assets (Explain in Part VI.)	105.	2,204.	01,452.		202.	<u>64,161.</u> 187581437
	Total support. Add lines 7 through 10		(ma)			12	<u> </u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,				
13							
Sec	organization, check this box and sto ction C. Computation of Publ		centage		·····		·····
	Public support percentage for 2022 (-	column (f))		14	99.60 %
	Public support percentage from 2021					15	99.42 %
	33 1/3% support test - 2022. If the					<u> </u>	
100	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the		-				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		viriow the organiz	
h	10% -facts-and-circumstances test	•		,	•		
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		-				s
			,				(Form 990) 2022

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Schedule A	(Form	990)	2022
		000	

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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	((e) 2022	(f) Total	
	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 disgualified 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								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	((e) 2022	(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					-			
	Add lines 10a and 10b 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	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatic	n,	
	check this box and stop here								
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15			%
-	Public support percentage from 2021					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20			ne 13, column (f))		17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the						o, and line 17	′ is not	7
	more than 33 1/3%, check this box an						- 00 4 /00 /	L	
b	33 1/3% support tests - 2021. If the							nd	٦
20	line 18 is not more than 33 1/3%, che			•			•	······ –	
	Private foundation. If the organization	IT UIU HOL CHECK A	box on line 14, 19	a, or 190, check tr	his box and see ins	SITUCTIO			<u>_</u> 20
23202	23 12-09-22						Schedule A	. (ຄຸບເມຍ ສອບ) 20/	در

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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) 2022

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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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Pa	rt IV	Supporting Organizations (continued)				
					Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?				
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c b	elow, the governing body of a supported organization?		11a		
b	A fam	nily member of a person described on line 11a above?		11b		ĺ

TNC

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

ΙΝΤΜΕΝ ΟΛΙΕΩΠΤΝΙΑΝ ΛΟΒΕΛΙ

Section B. Type I Supporting Organizations

			res	011
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) 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		1

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

see instructions).
see

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a 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.*

Yes No

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		0 0		
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mi		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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-function	ally integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022 UNITED PALESTINIAN APPEAL, INC.

PEAL, INC.		11-2494808
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Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	mzations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	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	he organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	;	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
-	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
0	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.			_	
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part IV, Section A,	UNITEDPALESTINIANAPPEALINC11-2494808Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C	С,
line 1; Part IV, Sect Section D, lines 5, ((See instructions.)	tion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	V,
CHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
ISCELLANEOUS IN	COME	
018 AMOUNT: \$	163.	
019 AMOUNT: \$	2,264.	
020 AMOUNT: \$	61,452.	
022 AMOUNT: \$	282.	

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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

Employer identification number

	UNITED PALESTINIAN APPEAL, INC.	11-2494808
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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 ______\$

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) (2022)



Schedule B (Form 990) (2022) Name of organization

Part I

UNITED PALESTINIAN APPEAL, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 75,431,552. 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 2,783,066. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,734,528. 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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Employer identification number

11-2494808

UNITE	D PALESTINIAN APPEAL, INC.	11-2494808		
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	l if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Liste received	
1	MEDICAL AND PHARMACEUTICAL SUPPLIES	_		
		\$ <u>75,431,55</u>	52. 12/31/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
2	MEDICAL SUPPLIES	_		
		\$\$_2,783,06	<u>12/31/22</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received	
3	MEDICAL AND PHARMACEUTICAL SUPPLIES	—		
		\$1,734,52	28	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		— _		

Name of organization

Employer identification number

Schedule B (Form 990) (2022)

08000829 130075 PM134840.1

223453 11-15-22

2022.04020 UNITED PALESTINIAN APPEAL PM134841

Schedule E	3 (Form 990) (2022)		Page 4					
Name of or	rganization		Employer identification number					
UNITEI	D PALESTINIAN APPEAL, IN	IC.	11-2494808					
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)					
(-) N -	Use duplicate copies of Part III if additional s	pace is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, ar	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 gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

2022.04020 UNITED PALESTINIAN APPEAL PM134841

	SCHEDULE D	
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(Form	990)
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Supplemental Financial Statements

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

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 11 - 2494808

	UNITED PALESTINIAN		11-2494808			
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, li	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ad funde			
5	-	-				
~	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor					
Pa	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No			
	•		Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recre		a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form o				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a				
			2d			
3	Number of conservation easements modified, transferred, re					
	year					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
-	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting					
•						
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	ion easements during the year			
•			ion casements during the year			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/h				
U						
9	In Part XIII, describe how the organization reports conservat	ion assements in its revenue and expenses				
9	balance sheet, and include, if applicable, the text of the foot	-				
			ins that describes the			
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	her Similar Assets			
	Complete if the organization answered "Yes" on Forr					
			ad balance aboat works			
Ia	If the organization elected, as permitted under FASB ASC 9					
	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB ,	ASC 958 relating to these items:				
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. 232051 09-01-22

Schedule D (Form 990) 2022

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contexture of this optimization is exempt purpose in Part XIII. a Proble exhibition d Loan or exchange program b Scholarly research e Other The organization acquisition is collections and explain how they further the organization's description of the organization's description of the organization's collection? Yes No Part III Excrow and CutsColial Arrangements. Complete if the organization's collection? Yes No Part IIII Excrow and CutsColial Arrangements. Complete the tolowing table: Amount 1e Amount c Beginning balance 1d 1e International acquisition accustodial account liability? Yes No b If Yes, " explain the arrangement in Part XIII Check hear If the explanation has been provided on Part XIII Yes No 1e a Is the organization and cuts of the organization acquires the explanation has been provided on Part XIII Yes No d Addition acturing the year 1d 1e 1e 1e 1e 1e 1e 1e 1e 1e	Sche		PALESTINIAN						11-24			ge 2
collection terms (check all that apply): a c Loan or exchange program b Scholarly research c Other	Par	t III Organizations Maintaining C	Collections of Art	t, Histo	orical Tre	asures, o	r Other	[•] Similar	^r Assets	(continu	ued)	
a Public exhibition d Clean or exchange program b Scholary research e Other	3	Using the organization's acquisition, access	ion, and other records	s, check	any of the f	following that	make si	gnificant u	ise of its			
b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount It is an additions during the year It is		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization is collection? Prestrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning diverse C Beginning balance C Beginning of year b	а	Public exhibition	d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Bod Part X2 Segmining balance Is description of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2 Distributions during the year Is the organization include an amount on Form 990, Part X2, line 21, for escrow or custodial account liability? Ves No b If 'Yes, ' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII Segmining of year balance Active sequences Is deginning of year balance Is contributions Other expenditures for facilities and programs Adv programs Other expenditures for facilities adv programs Other expenditures for facilities adv programs Is deginated organization include and the organization and the set organization include organization Sections multiply and balance Other expenditures for facilities and programs Other expenditures for facilities adv programs Is deginated organization Is deginated organization Is beginated organization Is beginated organization and the prosession of the organization facility or year Sections mings, gains, and losses Is addressing account	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization is collection? No. Part IV Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If a lis the organization angement in Part XIII and complete the following table: If a lis the organization angement in Part XIII and complete the following table: Amount 1 1 Camplete and angement in Part XIII and complete the following table: Amount Id 2 Biginning balance 1 Id Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Id Id Id 3 Id the organization asweed "Yes" on Form 990, Part IV, line	С	Preservation for future generations										
to be old to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ind I	4		-		•	-			se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Image: Complete the following table: I	5	8, , 8		,		,	er similar	assets	_	-		
reported an amount on Form 930, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1e c Beginning balance 11d 1e 1e d Additions during the year 1e 1e 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the exganization answered 'Yes' on Form 980, Part IV, line 10. Part V Incl Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Part V im	Dee									_		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the complete the complete the following table: Image: Complete the complete	Par			ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: the table of the organization inswered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back if (c) Four years back if a doministrative expenses Image: the organization is the arrangement image of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment % Mode of year balance Image: the organization is the possession of the organization that are held and administered for the organization by: Image: the organization is the possession of the organization that are held and administered for the organization by: Image: the organization is the organization		•										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								_	7.		
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c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If '''es' verylain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships 1 1 1 1 1 e Other expenditures for facilities 1 1 1 1 1 a drants or scholarships 1 <th>d</th> <th>It "Yes," explain the arrangement in Part XIII</th> <th>and complete the fol</th> <th>lowing ta</th> <th>adie:</th> <th></th> <th></th> <th></th> <th></th> <th>Amount</th> <th></th> <th></th>	d	It "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	adie:					Amount		
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f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Critor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Cher exponditures for facilities (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % 3 Permanent endowment % % Four endowment % 1 Percord tesign on lines 2a, 2b, and 2c should equal 100%. 3a a	-											
b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g Chother expenditures for facilities (a)										Ves		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Current year (c) Two years back (d) Three years back c Net investment earnings, gains, and losses (c) Four year (c) Two years back (d) Three years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back d Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years d Other expenditures for facilities (c) Two years back (c) Two years back (d) Three years back g Ind of year balance (c) Two years back (c) Two years back (c) Two years back (c) Two years back		-						• • • • • • • • • • • • • • • • • • • •			\square	
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b Contributions		• · · ·							ears back	(e) Four	years b	ack
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses	b											
e Other expenditures for facilities and programs	с											
e Other expenditures for facilities and programs	d	Grants or scholarships										
f Administrative expenses												
f Administrative expenses		and programs										
g End of year balance	f											
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:												
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (see downent funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated depreciation depreciation depreciation answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 166 , 821 . 166 , 821 . b Buildings 254 , 523 . 149 , 829 . c Leasehold improvements 341 , 591 .	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a))) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (isted as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value basis (investment) (b) Buildings (c) Accumulated depreciation (d) Book value (d) Rook value (i) Cost or other basis (other) (c) Accumulated (depreciation other)	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations is endowment funds. (iii) Complete in Part XIII the intended uses of the organization's endowment funds. (i) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (e) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (f) Accumulated depreciation (g) Cost or other basis (other) (g) Accumulated depreciation (h) Accost or other basis (other) (h) Acc	С											
organization by: Yes No (i) Unrelated organizations 3a(i) ia		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 8,264. 0.	3a	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administer	red for th	е				
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 166,821. 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 8,264. 0.		c									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.		(ii) Related organizations										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land166,821.166,821.b Buildings254,523.149,829.104,694.c Leasehold improvements341,591.75,087.266,504.d Equipment83,738.37,916.45,822.e Other8,264.0.				wment fu	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 166,821. 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.	Fai			Dort IV	lino 110 S	oo Eorm 000	Dort V	lino 10				
basis (investment) basis (other) depreciation 1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.				-						(-1) D 1		
1a Land 166,821. 166,821. b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.		Description of property			.,		. ,		a	(a) Book	value	
b Buildings 254,523. 149,829. 104,694. c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.	1a	Land		,						166	,82	1.
c Leasehold improvements 341,591. 75,087. 266,504. d Equipment 83,738. 37,916. 45,822. e Other 8,264. 0.							1	L49,82	29.		-	
d Equipment 83,738. 37,916. 45,822. e Other 8,264. 8,264. 0.						-		-				
e Other												
						-						-
				X. colum	n (B), line 1	0c.)				583	,84	1.

Schedule D (Form 990) 2022

232052 09-01-22

	0 (Form 990) 2022			STINIAN	APPEA	L, INC.		11-2494808	Page 3
Part VII	J								
	Complete if the orga	anization answer	ed "Yes"	on Form 990,	Part IV, line				
(a) Descri	ption of security or categ	Ory (including name o	f security)	(b) Book	value	(c) Method of	of valuation: Cost	or end-of-year market v	alue
(1) Financ	ial 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) lin	ie 12.)						
Part VII	Investments - I	-							
	Complete if the orga		ed "Yes"						
	(a) Description of	investment		(b) Book	value	(c) Method (of valuation: Cost	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col.	(b) must equal Form 990	, Part X, col. (B) lin	ie 13.)						
Part IX	J								
	Complete if the orga	anization answer			Part IV, line	TTU. See Form 98	0, Part X, line 15.		
			(a)	Description				(b) Book va	aiue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
	umn (b) must equal Fo	rm 000 Dout V o	al (D) line	15)					
Part X	Other Liabilities	<u>nn 990, Part X, C</u> S.	<u>ОІ. (В) ІІП</u>	e 15.)					
	Complete if the orga		ed "Yes"	on Form 990.	Part IV. line	11e or 11f. See F	orm 990. Part X. li	ne 25.	
1.		escription of liabil						(b) Book va	alue
	deral income taxes		,					(-,	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	ump (b) must source F-	rm 000 Davit V -		25)					
	<u>umn (b) must equal Fo</u> y for uncertain tax pos							ents that reports the	
						-		en provided in Part XIII	X
- 90.112	a new may not unto								

232053 09-01-22

Sche	dule D (Form 990) 2022 UNITED PALESTINIAN APPEAL,	INC.		11-	2494808	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	82,761	,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-788,459.			
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		<u>,459.</u>
3	Subtract line 2e from line 1			3	83,549	<u>,897.</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	. 4 a	22,588.	_		
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		,588.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	83,572	,485.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		i Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1		0.50
1	Total expenses and losses per audited financial statements			1	84,094	,860.
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			-		
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	84,094	,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	00 500			
а	Investment expenses not included on Form 990, Part VIII, line 7b		22,588.	-		
b	Other (Describe in Part XIII.)	. 4b				F 0 0
с	Add lines 4a and 4b			4c		,588.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	84,117	,448.
Pal	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.
232054 09-01-22 Schedule D (Form 990) 2022

	(Form 990) 2022
Dart XIII	Supplement

(continued)	
	Schedule D (Form 990) 2022
	Schedule D (FORM 990) 2022

232055 09-01-22

00		Statomo	nt of Act	ivities Outside the Ur	nitad Sta	tac	OMB No. 1545-0047
	FEDULE F rm 990)			nswered "Yes" on Form 990, Part IV,			2022
	rtment of the Treasury	. .		Attach to Form 990.			Open to Public
	al Revenue Service ne of the organization	Go to _W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection dentification number
INAII	le of the organization						
	ITED PALESTI	NIAN APPE	AL, INC.			11-249	4808
Pa	rt I General In	formation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	red "Yes" on
	Form 990, Par	,					
1	-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes No
2	•	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3	United States.	(The following Part	L line 3 table ca	an be duplicated if additional space is r	(hehee		
	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (c	l) (f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regic	investments
				GRANTS TO RECIPIENTS	HEALTH AND	WELFARE,	
				LOCATED IN REGION.	COMMUNITY D	EVELOPMENT	,
MID	DLE EAST AND			GRANTS TO ORGANIZATIONS AND	EDUCATION A	ND	
NOR	TH AFRICA -	3	28	DONATIONS OF MEDICAL DRUGS	SPONSORSHIP	S	82,290,839.
0.0	Subtotol	3	28				82,290,839.
	Subtotal		20				02,200,039.
U U	sheets to Part I		0				0.
с	Totals (add lines 3a						
	and 3b)		28				82,290,839.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

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	13,300.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA -	EDUCATION	16 148	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	5,400.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -	EDUCATION	6,878.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	20,068.	WIRE TRANSFER	0.		_
		MIDDLE EAST AND NORTH AFRICA -	HEALTH & WELFARE,					
		ALGERIA, BAHRAIN,	EDUCATION, AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	73,025.	WIRE TRANSFER	0.		
		MIDDLE EAST AND		· ·				
		NORTH AFRICA -					MEDICINES AND	
		ALGERIA, BAHRAIN,					SUPPLIES	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		2783065.		FMV
		MIDDLE EAST AND NORTH AFRICA -						
			HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	31,000.	WIRE TRANSFER	0.		

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

▶

UNITED PALESTINIAN APPEAL, INC.

11-2494808

chedule F (Form 990)			<u> </u>			54000		Faye
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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
			grant	or cash grant	Cash disbuischicht	assistance	assistance	appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	10,274.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	48,000.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	EDUCATION AND					
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	32,550.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	HEALTH & WELFARE, AND					
		DJIBOUTI, EGYPT,	EDUCATION	54,024.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	6,500.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	٥.		1734528.	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINE AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	٥.		75431552	SUPPLIES	FMV
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EDUCATION	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COMMUNITY DEVELOPMENT	23,053.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II Continuation o			tione or Entition Outside the	Inited States	(Sobodulo E (Eorm (00) Dort II lino	1)	r age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	tions or Entities Outside the (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(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,		47 500	NTDE MDANCEED	0		
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	47,500.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	ARTS AND CULTURE	10 000	WIRE TRANSFER	0.		
		DJIBOUTI, EGYPT, MIDDLE EAST AND	ARIS AND COLIORE	10,000.	WIRE TRANSFER	, v.		
		NORTH AFRICA -						
		ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	HEALTH AND WELFARE	25 000	WIRE TRANSFER	0.		
		MIDDLE EAST AND	HEADIH AND WEDFARE	25,000.	WIKE IKANSFER	· · ·		
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	33 583	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,					MEDICINES AND	
		DJIBOUTI, EGYPT,	HEALTH AND WELFARE	0.		164 072	SUPPLIES	FMV
						101,072.		
		MIDDLE EAST AND						
		NORTH AFRICA		23 050	WIRE TRANSFER	٥.		
				20,000.				
		MIDDLE EAST AND						
		NORTH AFRICA	HEALTH AND WELFARE	7 271	WIRE TRANSFER	٥.		
				,,2,1,				
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	6 973	WIRE TRANSFER	0.		
				0,575.				
		MIDDLE EAST AND						
		NORTH AFRICA	COMMUNITY DEVELOPMENT	19 000	WIRE TRANSFER	٥.		
		I man man	SCHOREL DEVELOIMENT	19,000.		۰ .	I	

UNITED PALESTINIAN APPEAL, INC.

11-2494808

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 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						
			HEALTH AND WELFARE	18,980.	WIRE TRANSFER	٥.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	5,310.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	20,296.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	103,780.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			EDUCATION	24,700.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	10,443.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			EDUCATION	51,634.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	10,932.	WIRE TRANSFER	Ο.		
		MIDDLE EAST AND						
			HEALTH AND WELFARE	12,694.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

Part II	Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1		
1 (a) Nam	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	107,660.	WIRE TRANSFER	0.		
			MIDDLE EAST AND NORTH AFRICA	HEALTH AND WELFARE	12 061	WIRE TRANSFER	0.		
					12,001.				-
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	9,669.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND	HEALTH AND WELFARE,					
			NORTH AFRICA	ARTIS AND CULTURE	27,000.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	37,910.	WIRE TRANSFER	Ο.		
					, -				
			MIDDLE EAST AND		5 050				
			NORTH AFRICA	EDUCATION	5,250.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	HEALTH AND WELFARE	15,575.	WIRE TRANSFER	0.		
			MIDDLE EAST AND						
			NORTH AFRICA	ARTS AND CULTURE	10,000.	WIRE TRANSFER	٥.		
			MIDDLE EAST AND		40.000	NIDE MDANCEED	_		
			NORTH AFRICA	HEALTH AND WELFARE	48,000.	WIRE TRANSFER	0.		

UNITED PALESTINIAN APPEAL, INC.

11-2494808

1 (b) Name of organization (b) INS code section of CI (Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of organization of CI (Region (d) Description (d) Descr	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)	
Image: Second			(c) Region				non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
Image: Second									
Image: Second			MIDDLE EAST AND						
Image: North Africa EDUCATION 12,000. WIRE TRANSFER 0. Image: North Africa COMMUNITY DEVELOPMENT, ARTS AND 10,000. WIRE TRANSFER 0. Image: North Africa CULTURE 10,000. WIRE TRANSFER 0. Image: North Africa Image: Nort Africa Image: Nort Africa			NORTH AFRICA	HEALTH AND WELFARE	12,000.	WIRE TRANSFER	٥.		
Image: North Africa Education 12,000. Wire transfer 0. Image: North Africa COMMUNITY Development, Arts and Development, Arts and Culture 10,000. Wire transfer 0. Image: North Africa									
Image: North Africa EDUCATION 12,000. WIRE TRANSFER 0. Image: North Africa COMMUNITY DEVELOPMENT, ARTS AND North Africa Image: Nort Africa Image: North Africa Image:									
MIDDLE EAST AND COMMUNITY DEVELOPMENT, ARTS AND 10,000. WIRE TRANSFER NORTH AFRICA CULTURE MIDDLE EAST AND MIDDLE EAST AND				EDUCATION	12,000.	WIRE TRANSFER	0.		
MIDDLE EAST AND NORTH AFRICA DEVELOPMENT, ARTS AND CULTURE 10,000. WIRE TRANSFER 0. MIDDLE EAST AND MIDDLE EAST AND 10,000. WIRE TRANSFER 0.									
Image: North Africa Culture 10,000. Wire transfer 0. Image: Middle east and									
MIDDLE EAST AND MEDICINE AND					10 000	WIRE TRANSFER	0		
NORTH APRICA HEADTH AND WELFARE 0. 113,920. SOPPLIES PAV					0				
			NORTH AFRICA	HEALTH AND WELFARE	0.		113,926.	SUPPLIES	FMV
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$									

Part III Grants and Other Assistan Part III can be duplicated if							
(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,	41	72,153.	WIRE TRANSFER	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
ALARIES	DJIBOUTI, EGYPT,	36	543,934.	WIRE TRANSFER	0.		

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

Schedule F (Form 990) 2022 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) (account	unting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting met	hod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation. See instructions.	
SCHEDULE F, PART I, LINE 2:		
IN ORDER TO INCREASE TRANSPARENCY AND OVERSIGHT FOR THE G	RANTS, AND	
INCREASE THE IMPACT OF EVERY DOLLAR SPENT, UPA IMPLEMENTE	D THE NEW	
PROJECT-BASED MODEL. UPA HAD THOSE THAT RECEIVED GRANTS S	UBMIT	
PROPOSALS FOR PROJECTS AND SIGN A TERMS OF GRANT FOR EACH	I PROJECT. IN	
ORDER TO CREATE MORE TRANSPARENCY AND GET MORE INFORMATIC	N OUT TO EACH	
PROJECT GRANT APPLICATION, UPA UPDATED THE APPLICATION TO	INCLUDE NINE	
SPECIFIC QUESTIONS THAT WOULD BE USED TO EVALUATE THE APP	LICATION, SUCH	
AS "IS THE PROJECT SUSTAINABLE?" AND "DOES THE PROJECT BU	ILD CAPACITY?"	
THIS MADE IT EASIER TO OBJECTIVELY WEIGH PROJECT GRANT AP	PLICATIONS	
AGAINST EACH OTHER, AND ALL THOSE QUESTIONS WERE INCLUDED	IN THE RUBRIC	
UPA CREATED. OTHER FACTORS UPA TOOK INTO ACCOUNT WHEN POS	SIBLE, WERE	
EACH ORGANIZATION'S STRUCTURE AND EFFICIENCY, RESPONSIVEN	IESS, 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.

232075 10-17-22

Schedule F (Form 990) 2022

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
	Compensated Employees		20		
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organizati		Employer ic			nber
	UNITED PALESTINIAN APPEAL, INC.	11-2	49480	8	
Part I Questio	ns Regarding Compensation				
				Yes	No
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	, line 1a. Complete Part III to provide any relevant information regarding these items.				
	charter travel Housing allowance or residence for perso				
Travel for co					
	ication and gross-up payments				
Discretionar	r spending account Personal services (such as maid, chauffer	ur, chet)			
h Kana fila i					
-	s on line 1a are checked, did the organization follow a written policy regarding payment or				
			1b		
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2 Indianto which if	any of the following the exercited used to establish the componentian of the exercitedian's				
	any, of the following the organization used to establish the compensation of the organization's				
	rector. Check all that apply. Do not check any boxes for methods used by a related organizati sation of the CEO/Executive Director, but explain in Part III.				
· · ·					
	on committee Written employment contract				
	compensation consultant Compensation survey or study	ommittee			
Form 990 of	other organizations Approval by the board or compensation of	ommittee			
4 During the year, o	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	elated organization:				
-	ice payment or change-of-control payment?		4a		x
	eceive payment from a supplemental nonqualified retirement plan?				X
•	eceive payment from an equity-based compensation arrangement?				X
-	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
in roo to any or					
Only section 501	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on the					
•	· · · · · · · · · · · · · · · · · · ·		5a		x
	ization?				X
	or 5b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on the					
-	~ 		6a		X
	ization?				X
	or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	ines 5 and 6? If "Yes," describe in Part III		. 7		X
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
					X
	did the organization also follow the rebuttable presumption procedure described in				
	on 53.4958-6(c)?		9		
	Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2022

232111 10-18-22

Page 2

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-MIS0 compensation	C and/or 1099-NEC	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)	155,833.	0.	0.	6,800.	19,403.	182,036.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (For	m 990) 2022
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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) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

11 - 2494808

2

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

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

Name of the organization

UNITED PALESTINIAN APPEAL, INC.

Par	TI I Types of Property		-					
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	•
		applicable		Form 990, Part VIII, line 1g	noncash continbu	lion ai	nounts	2
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	7	137,651.	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	Х	6	80,230,942.	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 organization		, ,					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of th			•				v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.		and the state of the				v	
31	Does the organization have a gift acceptance po				ions?	31	X	
32a	Does the organization hire or use third parties o			· ·				v
	contributions?					32a		X
	If "Yes," describe in Part II.			· · · · · · · · ·				
33	If the organization didn't report an amount in co	iumn (c) for	a type of property	for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Part II	Supplementa	l Informatio	D. Provide the information	tion required by	Dart II
Schedule I	M (Form 990) 2022	UNITED	PALESTINIAN	APPEAL,	INC

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 1, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS ON SCHEDULE

M, PART I, COLUMN (B).

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 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 \$ 206,299. 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) 2022

 232211
 10-28-22

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Schedule O (Form 990) 202	2							Page
Name of the organization	UNITED	PALES	TINIAN AP	PEAL, I	NC.			Employer identification number 11-2494808
BOARD APPROVEI) CONFLI	CT OF	INTEREST	POLICY	IN	PLACE	WHICH	EFFECTIVELY
COVERS THESE M	LATTERS.							

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) 2022

232212 10-28-22

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