Department of the Tre Internal Revenue Service

# **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.

OMB No 1545-0047

Open to Public Inspection

A	For the	e 2017	calendar year, or tax year beginning , 2017, a	and ending		, 20					
_			C Name of organization		D Employer identific	ation number					
В	Check if a	pplicable	PALESTINE MUSEUM US CORPORATION		82-191315	0					
	Addre		Doing business as		1						
Г	7 7	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number						
Х	-	return	1764 LITCHFIELD TURNPIKE	200	(203) 530-2248						
$\vdash$		return/	City or town, state or province, country, and ZIP or foreign postal code		· · · · · · · · · · · · · · · · · · ·						
	Lermin Amen	ded	WOODBRIDGE, CT 06525		G Gross receipts \$	930.					
-	return Applic	cation	F Name and address of principal officer FAISAL SALEH		H(a) Is this a group retu						
_	pendi	ng	1764 LITCHFIELD TURNPIKE200 WOODBRIDGE, CT 0	6525	subordinates?  H(b) Are all subordinates I						
$\overline{}$	Тау-еу	empt st		<del></del>	-1 ` `	list (see instructions)					
j			WWW.PALESTINEMUSEUM.US	1-100	H(c) Group exemption in	/-					
<u>-</u> -			ization X Corporation Trust Association Other ▶	1 Year of forms	ation 2017 M State						
$\overline{}$	art I	, <u> </u>	mmary	T rear or torms	ation 2017 in State	or legal dofflicite C1					
_	_		describe the organization's mission or most significant activities MUSEUM								
Φ	1	Dileity	r describe the organization's mission of most significant activities		· · · · ·						
Governance											
er ii	2	Chack	this box If the organization discontinued its operations or disposed	Lof more than 259	2/ of its not assets						
ò	3		er of voting members of the governing body (Part VI, line 1a)			1.					
ઍ	1		er of independent voting members of the governing body (Part VI, line 1b)								
es	5		number of individuals employed in calendar year 2017 (Part V, line 2a)			0.					
Activities	6										
Act	70		number of volunteers (estimate if necessary)			0.					
			unrelated business revenue from Part VIII, column (C), line 12								
_	5	ivet ui	nrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · ·	Prior Year	Current Year					
	8	Contri	butions and grants (Part VIII, line 1h)		0.	0.					
Σe	9				0.	930.					
Revenue	10		am service revenue (Part VIII, line 2g)		0.	0.					
æ	110				0.	0.					
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	930.					
_			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.					
			s and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14-		its paid to or for members (Part IX, column (A), line 4)		0.	0.					
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		0.	0.					
Expenses	loa		ssional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>					
ă	170		fundraising expenses (Part IX, column (D), line 25)   RECEI	VED -	0.	930.					
			expenses (Fart IX, Column (A), lines Tra-Tru, Tri-24e)		0.	930.					
			expenses Add lines 13-17 (must equal Part IX, column (A) 3 re 25)	· · · · · · · · · · · · · · · · · · ·	0.	0.					
- S	19	Reven	ue less expenses Subtract line 18 from line 12	7111) X · · ·     Y	nning of Current Year	End of Year					
ance a	20 21 22	Takal	Post / Post V June 10)	<u> </u>	0.	0.					
Asse	20		assets (Part X, line 16)	<u>l;</u>	0.	0.					
a e	21		sets or fund balances Subtract line 21 from line 20	-	0.	0.					
2 <u>1</u>	rtill		inature Block	<u> </u>							
_			f perjury, I declare that I have examined this return, including accompanying schedule	es and statements	and to the hest of my l	knowledge and belief it is					
tru	e, corre	ct, and	complete Declaration of preparer (other than officer) is based on all information of which	preparer has any k	nowledge	and benef, it is					
			Tolk.		11-15-201	18					
Sig	ın		Signature of officer		Date						
He	re		FAISAL SALEH MANAGING	G DIRECTOR							
			Type or print name and title		**************************************						
			Type preparer's name Preparer's signature	Date	Check of F	PTIN					
Paid	t		VEN E COTE	11/13/201	Check ii	P00106129					
Pre	parer	Firm's	DETARUS MEDICOLOGICA TELE	1	Firm's EIN ▶ 13-4						
Use	Only		address >185 ASYLUM STREET, SUITE 2400 HARTFORD, CT 06103-3404	<del>-</del>		241-7000					
Ma	v the		scuss this return with the preparer shown above? (see instructions)		Trume in 200-	. X Yes No					
	<u> </u>		Reduction Act Notice, see the separate instructions.		<u> </u>	Form <b>990</b> (2017)					
- 01	raper	WUIK	meduction Act Notice, see the separate instructions.		17.	Form \$30 (2017)					

For	m 990 (2017)		Page
P	art III Statement of Program Service Accomp		
_	Check if Schedule O contains a respons	e or note to any line in this Part III	
1	Briefly describe the organization's mission PUBLIC CHARITY DEDICATED TO RESEAR	CHING AND PRESERVING PALE	STINIAN
	HISTORY		
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or ma services?		
4	Describe the organization's program service accepenses Section 501(c)(3) and 501(c)(4) orgathe total expenses, and revenue, if any, for each program of the total expenses of th	nizations are required to report the	
4a	(Code 712110 ) (Expenses \$ 930. THE CORPORATION OPERATES A MUSEUM		) (Revenue \$)
	PALESTINIAN HISTORY.		
	(0.1)		
4D	(Code·) (Expenses \$	including grants of \$	) (Revenue \$)
		<del></del>	
			<del></del>
	(0.1		
4C	(Code) (Expenses \$	including grants of \$	) (Revenue \$)
4d	Other program services (Describe in Schedule O )		
1-	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶	230.	



#### Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?........ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II....... X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 14a 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).......... 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19

#### Part IV Checklist of Required Schedules (continued) Yes No 20a Х 20 a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II...... Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 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 Х 23 24 a 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 Х 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . ď 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a 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? X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . . . 28c Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)?........ 35a 35 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)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 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, Х Part VI............ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 19? Note. All Form 990 filers are required to complete Schedule O Form 990 (2017)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u> </u>	$\Box$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	İ		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		l
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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		,	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ı
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_		_
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA 7E1040	0 1 000	Form	990	
	6729NL 2870 11/12/2018 2:08:29 PM V 17-7.2F		PA	AGE

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			lions.
Sec	tion 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 1a	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	. <del>-</del>	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			!
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	7a		x
_	one or more members of the governing body?	' a		<del> </del>
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			
Ŭ	the year by the following.			
а	The governing body?	8a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
11a	, , , , , , , , , , , , , , , , , , ,	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	-	X
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	120		<del></del>
	rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1	-	
ŭ	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-	ν.
	with a taxable entity during the year?	16a		X
þ	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 exempt status with respect to such arrangements?	16b		- 1
Secti	ion C. Disclosure	1001		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply  Own website. X Upon request. Other (explain in Schedule O)	00.(0	,,,,,,	·y/
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in Schedule O whether (and if so, how) the organization made its governing documents are sufficiently as the solution of the soluti	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record FAISAL SALEH 1764 LITCHFIELD TURNPIKE WOODBRIDGE, CT 06525 203-530-2248	s <b>&gt;</b>		

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle er an	Pos heck ss pe	rson	e than or Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ů			ated				
(1)FAISAL SALEH	1.00									
CHAIRMAN AND FOUNDER	1.00	х		х				o.	0.	0.
(2)YUSUF ABUDI	0.				_					
BOARD MEMBER	1.00	х		İ				0.	o.	0.
(3)DESIREE OMRAN	0.									
BOARD MEMBER	1.00	X						0.	0.	0.
(4)ANAS ALFARRA	0.									
BOARD MEMBER	1.00	Х	ļ					0.	0.	0.
(5)										
(6)		_						_		<u> </u>
(7)			-							
(8)			_							
(9)										
(10)										
(11)										
(12)										
(13)										
(14)						-				

Page	8
	_

Part VII Section A. Officers, Directors, Tru	stees, Ke	y En	nplo	ye	es,	and h	ligi	hest Compensat	ed Employees	continue		Page C
(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	(C)  Position (do not check more than community to box, unless person is both officer and a director/trust			than o	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compens		f on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	on d
								-				
	<b></b>											
1b Sub-total	ection A .						<b>* * *</b>	0. 0.	0. 0.			0.
2 Total number of individuals (including but not l reportable compensation from the organization		nose I 0.		d at	oove	) who	re	ceived more than	\$100,000 of		-	
3 Did the organization list any former office	er, directo	r, or	tru	ste	e, l	ey e	mp	loyee, or highest	compensated		Yes	No
<ul><li>employee on line 1a? If "Yes," complete Schedu</li><li>For any individual listed on line 1a, is the s</li></ul>	um of rep	ortab	le c	om	pen	sation	ı ar	nd other compens	ation from the	3		Х
organization and related organizations gre										4		Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor s," complet	mpen: te Sch	satio <u>redu</u>	on f le J	rom for	any such j	unr pers	related organizations on	on or individual	5		х
Complete this table for your five highest components compensation from the organization Report conjugar												
(A) Name and business addr	ess							(B) Description of se	rvices (	(C) Compens	ation	
	_											
Total number of independent contractors (in- more than \$100,000 in compensation from the							e lis	sted above) who	received	<u></u>		

Pai	rt VI	Statement of Rever Check if Schedule O co		nso or note to an	v line in this Part \	/111		
		Check if Schedule Occ	ontains a respo	ise of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
srants ounts	1a b	Federated campaigns Membership dues						
Sifts, Clar Am	c	Fundraising events Related organizations	<u>1c</u>					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions, gifts,	itions)1e					
Sontrib ind Oth	g	and similar amounts not included Noncash contributions included	ın lines 1a-1f \$	_				
	h	Total. Add lines 1a-1f	<del></del>	<u> ▶</u>	0.			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE		Business Code 712110	930.	•		930
ervice	b c							
ram S	d e							
rog	f	All other program service rev					<u> </u>	<u>L</u>
<u> </u>	3	Total. Add lines 2a-2f Investment income (inc	cluding divide		930.			
		and other similar amounts).		. [	0.			
	4	Income from investment of	•	·	0.			<del> -</del> .
	5	Royalties	(i) Real	(ii) Personal	0.			
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ь	Less rental expenses						
	c	Rental income or (loss)				<b>.</b>		
	ď	Net rental income or (loss).	<u> </u>		0.,			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis						
		and sales expenses		+				
	C	Gain or (loss)		1				
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	0.			
Revenue	8a	Gross income from fundra events (not including \$					1	
eve		of contributions reported on						
er R		See Part IV, line 18	•				·	
Other	b	Less direct expenses						
	С	Net income or (loss) from fu	ndraising events	, <u></u>	0.	···		
	9a	Gross income from gaming See Part IV, line 19						:
	b	Less direct expenses			<b>-</b>			
	С	Net income or (loss) from g		· · · · · · · • • • • • • • • • • • • •	- 0.			
	10a	Gross sales of inventor returns and allowances	a					
	b c	Less cost of goods sold Net income or (loss) from sal	es of inventory.	▶	- 0.			
		Miscellaneous Revenu	e	Business Code	·	<del>-</del>		
	11a							
	b	<del> </del>						
	C			} · · · · ·				<del>                                     </del>
	d	All other revenue			0.		<u> </u>	<b>———</b>
	е 12	Total. Add lines 11a-11d . Total revenue. See instruction			930.			930
JSA I		i Star revenue. See mstructio			330.1		<u> </u>	5 000 (2247

82-1913150

# Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) 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	0.	_		···
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified	j			
	persons (as defined under section 4958(f)(1)) and	_ [			
	persons described in section 4958(c)(3)(B)	0.			<del> </del>
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees)				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O)	611.	611.		
	Advertising and promotion	319.	319.		<u> </u>
	Office expenses	0.			<del></del>
	[	0.1			· <u></u>
	Royalties	0.			<del></del>
	Occupancy	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			· · · · · · · · · · · · · · · · · · ·
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		•		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					
d					
е	All other expenses				
	Total functional expenses Add lines 1 through 24e	930.	930.		
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)	0.			

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# Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	End or year
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,		-	
3				
			5	0
6	Complete Part II of Schedule L		-	<del></del>
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8			8	
9	Inventories for sale or use		9	
	Land, buildings, and equipment: cost or	•	9	······
lva	other basis Complete Part VI of Schedule D			
h	Less accumulated depreciation 10b		10c	
11			11	
12	Investments - publicly traded securities		12	
13	Investments - program-related See Part IV, line 11		13	
14			14	· · · · · · · · · · · · · · · · · · ·
15	Intangible assets		15	
16	Other assets See Part IV, line 11		16	1 X (
17	Total assets. Add lines 1 through 15 (must equal line 34)		17	<del></del>
18	Accounts payable and accrued expenses		18	
19	Grants payable		19	(
20	Deferred revenue		20	
21	Tax-exempt bond liabilities		21	
	Loans and other payables to current and former officers, directors,	0.	21	
22	trustees, key employees, highest compensated employees, and		ŀ	
	diamentation di nomana. Complete Port II of Cohodule I		22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third	•		
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	C
26	Total liabilities. Add lines 17 through 25.	0.	26	
20	Organizations that follow SFAS 117 (ASC 958), check here and	•	20	
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	·	27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
32	Retained earnings, endowment, accumulated income, or other funds	0.	32	
33	Total net assets or fund balances		33	0
1.3.3				

orm 99	0 (2017)				Pa	ige <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				930.
2	Total expenses (must equal Part IX, column (A), line 25)	2				930.
3	Revenue less expenses Subtract line 2 from line 1	3				0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				0.
Part :						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	חוו			1
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both	•			i	
	Separate basis Consolidated basis Both consolidated and separate basis					1
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 audi					
	separate basis, consolidated basis, or both					l .
	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	oversi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	. p				'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	חו ו			
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the	_		
	required guidt or guidte explain why in Schedule O and describe any stone taken to underse such au			ایدا		

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer Identification number** 

PALESTINE MUSEUM US CORPORATION 82-1913150 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university X 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g  $\perp$  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 support (see listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Total

Schedule A (Form 990 or 990-EZ) 2017

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Pai	Complete only if you checket Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tøtal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			_			
2	Tax revenues levied for the organization'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						
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						
	tion B. Total Support			<del>                                     </del>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(0) 2014	/(0) 2013	(d) 2010	(e) 2011	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
	tion C. Computation of Public Sup			44 4 400			
14	Public support percentage for 2017 (fin						<u>%</u>
15	Public support percentage from 2016 331/3% support test - 2017. If the org						%
ıva	box and <b>stop here</b> . The organization qu	_					
b	33 1/3% support test - 2016. If the org						
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets to						
b	organization	<b>2016.</b> If the org	ganization did r	not check a box	on line 13, 16	a, 16b, or 17a	
	15 is 10% or more, and if the orga						
	Explain in Part yl how the organization				_	•	a publicly
	supported organization						▶ ∟
18	Private foundation. If the organization						e
	instructions /	· · · · · · · · ·		<del></del>			▶⊥⊥
					S	chedule A (Form	990 or 990-EZ) 2017

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## 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	Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")	0.	0.	0.	0.1	0.	0.	
2	Gross receipts from admissions, merchandise					·		
	sold or services performed, or facilities					•		
	furnished in any activity that is related to the				,	İ		
	organization's tax-exempt purpose						0	
2	-						0.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .					930.	930.	
4	Tax revenues levied for the							
	organization'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						0.	
6	Total. Add lines 1 through 5					930.	930.	
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons						0.	
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						0.	
С	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from						<u> </u>	
	line 6)	l					930.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6					930.	930.	
10 a	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						0.	
c	Add lines 10a and 10b							
11	Net income from unrelated business							
•••	activities not included in line 10b,							
	whether or not the business is regularly						•	
	carried on						0.	
12	Other income Do not include gain or							
	loss from the sale of capital assets							
40	(Explain in Part VI)		=			<del></del>	<del></del>	
13	Total support. (Add lines 9, 10c, 11,							
	and 12)					930.	930.	
14	First five years. If the Form 990 is f				-			
800	organization, check this box and stop here				· · · · · · · · ·	• • • • • • • • •	▶ X	
	tion C. Computation of Public Sup	•		(5)	<del></del>	1 "		
15	Public support percentage for 2017 (line 8		-				<u>%</u>	
16	Public support percentage from 2016 Sche			<u></u>		16	<u>%_</u>	
	tion D. Computation of Investmen				<u>1</u>		<del></del>	
17	Investment income percentage for 2017 (li	•	•			17	<u>%</u>	
18	Investment income percentage from 2016					18	%	
19 a	331/3% support tests - 2017. If the or	ganization did no	t check the box	on line 14, and	l line 15 is more	than 331/3%, ar	nd line	
	17 is not more than $331/3\%$ , check th	is box and <b>stop</b>	here. The orga	nization qualifies	s as a publicly s	upported organiz	ation . ▶ 🔝	
b	331/3% support tests - 2016. If the orga	anization did not	check a box on l	ne 14 or line 19	a, and line 16 is	more than 331/3	%, and	
	line 18 is not more than 331/3%, check	this box and st	<b>op here</b> . The org	janization qualifie	es as a publicly s	supported organiz	ation 🕨 🔙	
20	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶							
JSA 7E122	1 1 000		<del></del>		Sc	hedule A (Form 99	0 or 990-EZ) 2017	
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## Part IV Supporting Organizations

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

Secti	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	- 1		-
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	- 2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	- 3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	-	
С	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 $(2)^{\circ}$ If "Yes," explain in <b>Part VI</b> 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	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		-
b c	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?	5b 5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	*	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	-	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	-	
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)	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

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trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u>s</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic			
Section 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		
Section B - Minimum Asset Amount	, , , , , ,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	<del></del>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7	" <u></u> "	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		-	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
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-functionall	y integra	ted Type III supporting	organization (see
instructions)		, , , , , , , , , , , , , , , , , , , ,	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

Page	7	
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Secti	Current Year			
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d_	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			<u> </u>
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u> _	Applied to 2017 distributable amount  Remainder Subtract lines 4a and 4b from 4		<del></del>	
<u>C</u>				
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			,
	greater than zero, explain in <b>Part VI</b> See instructions  Remaining underdistributions for 2017 Subtract lines 3h			<del></del>
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018 Add lines 3			
•	and 4c			
8	Breakdown of line 7		, <del>_</del>	:
a	Excess from 2013		<u>.                                    </u>	
<u>a</u>	Excess from 2014		<del></del> _	
<del></del>	Excess from 2015			
d	Excess from 2016			
<u>-</u> е	Excess from 2017			1

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section 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 V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

PALESTINE MUSEUM US CORPORATION

82-1913150

990, PART VI, LINE 2 - THE OFFICER OF THIS ORGANIZATION IS NOT AN EMPLOYEE AND ACTS AS A VOLUNTEER.

990, PART VI, LINE 15A & 15B - THE ORGANIZATION HAS NO EMPLOYEES AND DOES NOT PAY COMPENSATION TO ITS OFFICER OR DIRECTORS.

990, PART VI, LINE 11A - A COPY OF THE ORGANIZATIONS FORM 990 WAS DISTRIBUTED TO FAISAL SALEH PRIOR TO ITS FILING WITH THE IRS.