			EXTENDED TO MAY 16, 2	2022								
	Ω	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047						
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ns) 2020						
			Do not enter social security numbers on this form	as it may b	e made public.	Open to Public						
Depa Interi	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	information.	Inspection							
A For the 2020 calendar year, or tax year beginning $ m JUL1$, 2020 and ending $ m JUN$ 30 , 2021												
B	Check if applicab	ble: C Name of	forganization		D Employer identifie	cation number						
	Addre	ess NAA	AMERLEY PALM EDUCATION FOUNDATION									
			usiness as NAPE FOUNDATION		33-11434	18						
	 	v		Room/suite	E Telephone number							
	Final	601	S.W. 2ND AVENUE		541-729-							
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	111,985.						
	Amer returr	PORT	LAND, OR 97204		H(a) Is this a group re							
	Appli tion pendi	^{ing} F Name a	nd address of principal officer:CALEB PILLING NW FERNLEAF LN, PORTLAND, OR 972	229	for subordinates H(b) Are all subordinates in							
1.1	Гах-ех		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c			list. See instructions						
					H(c) Group exemption							
			X Corporation ∏ Trust Association ☐ Other ►	I Year		State of legal domicile: OR						
	art I	Summary		- 104								
-	1	Briefly describ	be the organization's mission or most significant activities: ${f PROV}$	IDING	SUPPORT FOR	HIGHER						
nce		EDÚCATI	ON IN GHANA, WEST AFRICA.									
rna	2	Check this bo	x x if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.						
ove	3		r of independent voting members of the governing body (Part VI, line 1a) a box p (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)									
ۍ «	4	Number of inc										
Activities & Governance	5	Total number										
viti	6	Total number	nber of volunteers (estimate if necessary) 6									
Acti	7 a		d business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.						
					Prior Year	Current Year						
P	8	Contributions	and grants (Part VIII, line 1h)		51,154.	111,985.						
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.						
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		72,883.	111,985. 96,720.						
	13		milar amounts paid (Part IX, column (A), lines 1-3)		12,003.	90,720.						
	l	<u> </u>	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10) _		0.	0.						
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)		0.	11,478.						
ben	l loa	Total fundrais	and alsing lees (Part IX, column (A), line 25) 11.4°	78.	••	11,110.						
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	1,416.						
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		72,883.	109,614.						
	19		expenses. Subtract line 18 from line 12		<21,729.							
Net Assets or Fund Balances					ginning of Current Year	End of Year						
sets alano	20	Total assets (I	Part X, line 16)		29.	2,400.						
dBs	21		(Part X, line 26)		0.	0.						
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20		29.	2,400.						
Pa	art II	Signature	e Block									
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is						
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.							
					Dette							
Sig					Date							
Her	е		B PILLING, TREASURER									
		Type of p)ate							

	Print/Type preparer's name	Preparer's signature	Date		Check	PT	TIN		
Paid					if self-employed				
Preparer	Preparer Firm's name Firm's EIN								
Use Only	Firm's address 🖕								
	-			Phone	e no.				
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions					Yes		No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1 990 (2020) NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Pa
rt III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
NAPE FOUNDATION PROVIDES AN INCREASE IN HIGHER EDUCATIONAL
OPPORTUNITIES TO GHANAIANS TO ENHANCE AND PROMOTE THEIR WELL BEING AND
COMMUNITY AT LARGE.
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?
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported. (Code:) (Expenses \$ 97,476 · including grants of \$ 96,720 ·) (Revenue \$
(Code:) (Expenses \$ 97,476. including grants of \$ 96,720.) (Revenue \$ NAPE FOUNDATION PROVIDED GRANTS TO SUPPORT STUDENTS GRADUATING WITH
2-YEAR, 3-YEAR CERTIFICATES AND 4-YEAR DEGREES IN GHANA, WEST AFRICA.
THE ORGANIZATION PROVIDED \$96,720 IN GRANTS FOR SCHOLARSHIPS DURING T
YEAR.
(Code:) (Expenses \$ including grants of \$) (Revenue \$
(Code:) (Expenses \$) (Revenue \$) (Reven
FULL-TIME UNIVERSITY IN GHANA, WEST AFRICA. THE FOUNDATION IS WORKING
WITH A LOCAL EDUCATIONAL INSTITUTION ORGANIZED SIMILAR TO A DOMESTIC
NOT-FOR-PROFIT. NAPE FOUNDATION PROVIDED SUPPORT USED BY THE LOCAL INSTITUTION TO GET FULL ACCREDITATION FOR BSC DEGREES IN BUSINESS
INSTITUTION TO GET FOLL ACCREDITATION FOR DSC DEGREES IN DUSTNESS
(Code:) (Expenses \$ including grants of \$) (Revenue \$
THE FIRST COHORT OF STUDENTS BEGAN THE 4-YEAR DEGREE PROGRAMS DURING
THE YEAR.
Other program services (Describe on Schedule O.)
Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 97,476.
(Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 97,476.

_		
Form	aan	(2020)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>			x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
	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	140	- 23	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
032003	3 12-23-20	Form	220	(2020)

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Form	990	(2020)

			Yes	N
	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		2
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		2
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┢
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		┢
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			Γ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
	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? <i>If "Yes," complete Schedule L, Part III</i>	27		\vdash
	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, key employee, creator or founder, or substantial contributor? If			L
u	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		t
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/			
	"Yes," complete Schedule L, Part IV	28c		
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 conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
<u>م</u> ح	Part V, line 1	34	<u> </u>	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		┢
	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 related organization?			t
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			Γ
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				Г
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Roy 2 of Form 1006 Enter 0, if not applicable)	Yes	
ıd	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b)		
		_		
b				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Г

020)	NAA	AMERLEY	PALM	EDUCATION	FOUNDATION
Statements R	egardi	ng Other IR	S Filing	s and Tax Com	oliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
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 Accounts (FBAR).								
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	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?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services 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 required	_							
	to file Form 8282?	7c		X					
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g h	 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 								
h o									
8									
9	sponsoring organization have excess business holdings at any time during the year?								
a		9a							
	Did the sponsoring organization make any taxable distributions under section 4966?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	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.)								
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								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

10260319 759909 NAPE

Form 990 (2	2020)
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NAA AMERLEY PALM EDUCATION FOUNDATION

X

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

	Check if Schedule O contains a response or note to any line in this Part VI						Х	
Sec	tion A. Governing Body and Management							
						Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1	а	12				
	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	1	b	10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip w	ith a	ny other				
	officer, director, trustee, or key employee?				2	Х		
3	Did the organization delegate control over management duties customarily performed by or under							
	of officers, directors, trustees, or key employees to a management company or other person?				3		:	
4	Did the organization make any significant changes to its governing documents since the prior Form				4			
5	Did the organization become aware during the year of a significant diversion of the organization's a				5			
6	Did the organization have members or stockholders?				6			
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or							
74	more members of the governing body?				7a			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,				74		<u> </u>	
b					76			
~	persons other than the governing body?				7b		-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		-	-		х		
a	The governing body?				8a	A 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 re				_		.	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9			
e c	tion B. Policies (This Section B requests information about policies not required by the Internal	Reve	nue	Code.)				
						Yes		
	Did the organization have local chapters, branches, or affiliates?				10a		ŀ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody b	efore	e filing the form?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to	confli	cts?	12b			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done				12c			
13	Did the organization have a written whistleblower policy?				13		2	
4	Did the organization have a written document retention and destruction policy?				14			
15	Did the process for determining compensation of the following persons include a review and appro	val b	y ind	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ו?						
а	The organization's CEO, Executive Director, or top management official				15a		2	
	Other officers or key employees of the organization				15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	emer	nt wit	ha				
	taxable entity during the year?				16a			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				104			
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		-	-				
					16b			
	exempt status with respect to such arrangements?							
17	List the states with which a copy of this Form 990 is required to be filed \triangleright OR							
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and	gan."	T (Section 501(c)))s only	() avai	lah	
	for public inspection. Indicate how you made these available. Check all that apply.	anu	-000		,5 OHy	, avdi	aU	
		:	Cab	adula O				
0	Own website Another's website I Upon request Other (expla			,	al 42			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confl	ICT O	interest policy, ar	ia finai	ncial		
	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 to	books	s and	records				
	CALEB PILLING - 541-729-5321							
	12178 NW FERNLEAF LN, PORTLAND, OR 97229					000		
32006	5 12-23-20				Form	990	(20	
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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 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.

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

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

(A)	(B)	(C)				liout	(D)	(E)	(F)	
Name and title	Average	(do		Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both a officer and a director/truste			is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former			organizations
(1) PETER OKANTEY	5.00									
PRESIDENT	45.00	Х		х				0.	0.	0.
(2) MATTHEW STORER	2.00									
CHAIRMAN		Х		х				0.	0.	0.
(3) BETH OKANTEY	1.00									
SECRETARY		Х		х				0.	0.	0.
(4) CALEB PILLING	1.00									
TREASURER		Х		х				0.	0.	0.
(5) MATTHEW ESSIEH	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BRENDA MCLAUGHLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUSAN SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SHANTA HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ENOCH ANTWI	1.00									
DIRECTOR	1	х						0.	0.	0.
(10) JUSTICE OWUSU-HEINNO	1.00									
DIRECTOR	1	х						0.	0.	0.
(11) STEPHAN WILSON	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) ATO MICAH	1.00									0
DIRECTOR		X						0.	0.	0.
		$\left \right $								
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle cer an	ss pe	ition more rson i	than is bot	h an	from	(E) Reportable compensatic from related	on J	am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	oensa om the anizati I relate nizatio	e on ed
			-											
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r compensation from the organization								received more than \$100),000 of reportab	le			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual								•		3		x
	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000?	" co	mple	ete S	Sche	edule	ə J i	for such individual			4		x
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-			-			5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	dena	ande	ont c	ontr	racto	nrs 1	that received more than	\$100 000 of con	nens	ation fr	rom	
	the organization. Report compensation for	-	-								pono	ation	om	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C omper		۱
2	Total number of independent contractors (iot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation 🕨					0					Form S	990 (2	2020)

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Pa	rt \	/111						
			Check if Schedule O contains a respon	se or note to any li	ne in this Part VIII	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues					
s, G			Fundraising events 1c					
Gift Iar J			Related organizations 11					
imi)			Government grants (contributions) 1e]			
tior er S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	111,985.				
onti od (-	Noncash contributions included in lines 1a-1f		111 005			
ΰČ		h	Total. Add lines 1a-1f		111,985.			
	_			Business Code				
Program Service Revenue	2	a		-				
Ser		b	-					
wer ver		c d						
Be		e		-				
Pro			All other program service revenue	-				
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, int					
			other similar amounts)					
	4		Income from investment of tax-exempt bon					
	5		Royalties					
			(i) Real	(ii) Personal	4			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securitie					
	'	a	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		с	Gain or (loss) 7c					
Re		d	Net gain or (loss)	►				
Other R	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	8a	-			
				Bb				
	0		Net income or (loss) from fundraising event: Gross income from gaming activities. See	<u> </u>				
	3	d		9a				
		b	Less: direct expenses	9b				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances	10a				
		b	Less: cost of goods sold 1	0b				
		с	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11			-				
ven		b						
Re		c d	All other revenue	-				
Σ			All other revenue					
	12		Total revenue. See instructions		111,985.	0.	0.	0.
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					10			

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NAA AMERLEY PALM EDUCATION FOUNDATION

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. 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 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 96,720. 96,720. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (nonemployees): а Management b Legal Accounting С d Lobbying 11,478. 11,478. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 660. 660. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 756. 756. BANK FEES а b С d All other expenses е 109,614. 97,476. 660 11,478. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2020)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 29. 2,400. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 29. 2,400. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 29. 2,400. Net assets without donor restrictions 27 27

Net assets with donor restrictions

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here 🕨 🗋

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

NAA AMERLEY PALM EDUCATION FOUNDATION

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0.

2,400.

2,400

Form 990 (2020)

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Part 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) 2 109, 614. 3 2, 371. A Revenue less expenses. Subtract line 2 from line 1 3 2, 371. A Net sasets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 299. 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 10 Net assets or fund balances at ned of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2 , 400. Part XIII Financial Statements and Reporting 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule 0. 2a X 1 Met consolidated basis, or both: Separate basis Consolidated basis = Both consolidated and separate basis 2 Were the organization's financial statements and selection of an independent accountant? 2b X 1 If 'Yes," check	Form	990 (2020) NAA AMERLEY PALM EDUCATION FOUNDATION	33-	-1143418	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1111,985. 2 Total expenses (must equal Part IX, column (A), line 25) 2 109,614. 3 2,371. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 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)) 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 2,400. Part XII Financial Statements and Reporting 10 2,400. 2 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the form 990: Cash <td< th=""><th>Pa</th><th>t XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></td<>	Pa	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 109, 614. 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 371. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29. 5 Investment expenses 5 6 7 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 400. Part XIII Financial Statements and Reporting 10 2, 400. Check if Schedule O contains a response or note to any line in this Part XII 1 2 X 1 Accounting method used to prepare the Form 990: Cash X Accounting N Check if Schedule O contains a response or note to any line in this Part XII 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "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 b		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 109, 614. 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 371. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29. 5 Investment expenses 5 6 7 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 400. Part XIII Financial Statements and Reporting 10 2, 400. Check if Schedule O contains a response or note to any line in this Part XII 1 2 X 1 Accounting method used to prepare the Form 990: Cash X Accounting N Check if Schedule O contains a response or note to any line in this Part XII 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "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 b						
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29. 5 Net unrealized gains (losses) on investments 5 6 0 7 7 8 7 8 9 0. 9 0. 9 10 vestiges 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 2, 400. Part XII Financial Statements and Reporting 0 10 2, 400. Check if Schedule O contains a response or note to any line in this Part XII 10 2, 400. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separa	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 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 2,400. Part XII Financial Statements and Reporting 10 2,400. Check if Schedule O contains a response or note to any line in this Part XII	3	Revenue less expenses. Subtract line 2 from line 1	3	4		
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 2,400. Part XII Financial Statements and Reporting 10 2,400. Part XII Financial statements and Reporting 10 2,400. Part XII Financial statements complied or reviewed by an independent accountant? 1 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 12 Were the organization's financial statements complied or reviewed by an independent accountant? 2a X 14 If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed on a separate basis, consolidated basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			29.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash 1 Accounting method used to prepare the Form 990: 2 Cash 1 Accounting method used to prepare the Form 990: 2 Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 Separate basis 0 Consolidated basis 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 17 Separate basis 18 "Yes," check a box below to indicate whether the financial statements f	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash 1 Accounting method used to prepare the Form 990: 2 Cash 1 Accounting method used to prepare the Form 990: 2 Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2 Separate basis 0 Consolidated basis 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 17 Separate basis 18 "Yes," check a box below to indicate whether the financial statements f	6	Donated services and use of facilities	6			
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 2,400. Part XIII Financial Statements and Reporting 10 2,400. Check if Schedule O contains a response or note to any line in this Part XII 10 2,400. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis	7		7			
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 2,400. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 2,400. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its fin	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a As a result of a federal awar		column (B))	10	4	2,4	00.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b 2c If "Yes" to line 2a or 2b, does the organization ha	Pa	t XII Financial Statements and Reporting				
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cIf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?2cIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.2c3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?3a						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a						
Act and OMB Circular A-133?						
	3a		ngle Au	ıdit		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						X
	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHEDULE A	
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Department of the Treasury

1	Form	990	or	990-EZ
J		330	UI.	330-LZ

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.

2020
Open to Public Inspection
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OMB No. 1545-0047

Internal F	evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.			Inspection
Name	of the organizat									ification number
				LM EDUCATION					3-1	143418
Part	I Reason	for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	see instruction	ns.		
The org	ganization is not	a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1 🛓	A church, co	onvention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).			
2 _	A school de	scribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3 🗌	A hospital o	r a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4	A medical re	esearch organiz	ation operated in co	onjunction with a hospital	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the ho	ospital's name,
	city, and sta	ite:								
5	An organiza	tion operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in	
	section 17	0(b)(1)(A)(iv). (0	Complete Part II.)							
6	🗌 A federal, st	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7 🖸				antial part of its support f				the general	public	described in
			omplete Part II.)		-			-	-	
8				(1)(A)(vi). (Complete Par	t II.)					
9				in section 170(b)(1)(A)(ed in coniu	unction with a	land-grant	collea	e
				culture (see instructions).						
	university:		5 5 5	()		, .	,,	5		
10		tion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	ship fees a	nd aro	ss receipts from
				ct to certain exceptions;						
				e (less section 511 tax) fr						•
			mplete Part III.)			0000 0040		gamzation	untor t	
11 🗌			. ,	sively to test for public sa	fety See	section 50)9(a)(4)			
12 L		-	-	sively for the benefit of, to	•			arry out the	onurna	oses of one or
				ed in section 509(a)(1) o						
				of supporting organizatio						
а				supervised, or controlled						2
u	••			egularly appoint or elect a						
			complete Part IV, S		amajonty				uppor	ling
b				d or controlled in connec	tion with it	te support	od organizati	on(c) by ba	wina	
b				anization vested in the s						d
		-			ame perso			aye the sup	pone	
			t complete Part IV,		in connoc	tion with	and functions	lly intograt		h
С				ng organization operated				any integrate	eu wili	Ι,
-				s). You must complete I				المحمد المحامد		
d				porting organization oper				0		()
				zation generally must sat				d an attent	ivenes	iS
				mplete Part IV, Sections						
е		-		written determination fro			а турет, туре	e II, Type III		
			• •	onally integrated support	ing organi	zation.				
	Enter the number	• •	•							
g ⊦	(i) Name of sup	-	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi)	Amount of other
	organizatio		(1) 211	(described on lines 1-10	in your governi Yes	ing document? No	support (see ii		1 · · ·	ort (see instructions)
				above (see instructions))	165					
Total							1		1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

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Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 2 Part II

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	103,973.	220,199.	73,796.	51,154.	111,985.	561,107.
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	103,973.	220,199.	73,796.	51,154.	111,985.	561,107.
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)						320,578.
6	Public support. Subtract line 5 from line 4.						240,529.
	ction B. Total Support						-
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	103,973.	220,199.	73,796.	51,154.	111,985.	561,107.
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						561,107.
	Gross receipts from related activities	. etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	a hava		·····			
See	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	livided by line 11,	column (f))		14	42.87 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	64.95 %
	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	5	
b	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets the						
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization						s
			, • =	. , ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	o organization's f	I iret cocond third	fourth or fifth tax	l	$\frac{1}{501(c)(3)}$ or a	anization
	check this box and stop here	e organization s i			-		
Sec	tion C. Computation of Public	ic Support Pe					
	Public support percentage for 2020 (I			column (f))		15	9
16	Public support percentage from 2019		•			16	9
	tion D. Computation of Invest						/
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
100	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the						/3% and
ŭ		-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check t			
3202	3 01-25-21			16	Sch	eaule A (For	rm 990 or 990-EZ) 202
c r	319 759909 NAPE	2.0		IO NAA AMERLI	ייי אזגע הא		ON NAPE 1
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Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 5

Ра	Part IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
с	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

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(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type	I 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		
<u>c</u>	action D. All Type III Supporting Organizations			

Se	ction D. All Type III Supporting Organizations		
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in 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.

Section E. Type III Functionally Integrated Supporting Organizations

- 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.*

c		The organization supporte	d a governmental entity	y. 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 in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3

2a

2b

За

3b

Yes No

No

18

2020.04030 NAA AMERLEY PALM EDUCATION NAPE___1

Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted 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 instruction	ons) 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		
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 0.015 of line 3 (for greater a	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		
Section 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 no	n-functionally integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>					

Schedule A (Form 990 or 990-EZ) 2020

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		Z) 2020 NAA									43418	Pa
	Supplemental Part IV, Section A,	lines 1 2 3b 3c	Provide the e	9a 9b 9c	required b 11a 11b	by Part II, I and 11c: I	ine 10; Part IV	Part II, lir Section	ne 17a or " Bilines 1	17b; Part II and 2 [.] Part	I, line 12; IV Section	C
	line 1; Part IV, Sect	tion D, lines 2 an	d 3; Part IV, Se	ection E, line	s 1c, 2a, 2	2b, 3a, and	d 3b; Pa	art V, line	1; Part V,	Section B	line 1e; Par	rt V
	Section D, lines 5, (See instructions.)	6, and 8; and Pa	rt V, Section E	, lines 2, 5, a	and 6. Also	o complete	e this pa	art for an	y addition	al informat	ion.	
												_
									0.1	A /F -		
2028 01-25-2	1				21			:	Schedule	A (⊦orm 9	90 or 990-E	=Z)
					<u> </u>							

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2020

Employer identification number

33-1143418

	NAA AMERLEY PALM EDUCATION FOUNDATION	33-1143418
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See instructions.
General Rule		
U U	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribut	•
Special Rules		
sections 509(a) any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo DEZ, line 1. Complete Parts I and II.	a, or 16b, and that received from

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

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

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

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

on (i) Form 990, Part VIII, line 1h;

Name of organization

Employer identification number

33-1143418

NAA AMERLEY PALM EDUCATION FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 MARY LOU KNIGHT-KORNBRODT X Person Payroll 6,200. 1321 NE 69TH AVE Noncash \$ (Complete Part II for PORTLAND, OR 97213 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 MATTHEW AND SARAH STORER X Person Payroll 6,300. 7530 CASON STREET Noncash \$ (Complete Part II for GLADSTONE, OR 97027 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X MATTHEW ESSIEH Person Payroll 8700 SW CREEKSIDE PL, STE A 34,767. Noncash (Complete Part II for BEAVERTON, OR 97008 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 PHIL AND VICKIE ROTHROCK Х Person Payroll 2228 NE 22ND AVE 17,000. Noncash \$ (Complete Part II for PORTLAND, OR 97212 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 YACULTA COMPANIES X Person Payroll 805 BROADWAY STREET, SUITE 700 5,000. Noncash (Complete Part II for VANCOUVER, WA 98660 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 23

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Name of organization

Employer identification number

33-1143418

NAA AMERLEY PALM EDUCATION FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-25-20		\$	990, 990-EZ, or 990-PF

	B (Form 990, 990-EZ, or 990-PF) (2020)				Page						
Name of o	organization				Employer identification number						
	MERLEY PALM EDUCATION F				33-1143418						
Part III	from any one contributor. Complete columns (a	through (e) and the following line	ine entry For o	organizations							
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,0 I space is needed.	00 or less for the	he year. (Enter this info. on	Ce.) • •						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held						
		e) Transfer (of gift								
	Transferee's name, address, a	Ind ZIP + 4	R	elationship of tra	ansferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held						
	(e) Transfer of gift										
	Transferee's name, address, a	Ind ZIP + 4	R	elationship of tra	ansferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held						
		of gift									
	Transferee's name, address, a	Ind ZIP + 4	R	elationship of tra	ansferor 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, a	and ZIP + 4	R	elationship of tra	ansferor to transferee						
023454 11-2	I 25-20			Schedule	B (Form 990, 990-EZ, or 990-PF) (202						
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	ment of the Treasury Revenue Service		► Go to v	www.irs.gov/Fo	rm990 for instructions and the lates	t information.		to Public ection
Name	of the organization	n					Employer identif	ication number
ΝΑΑ	AMERLEY	PATM	EDUCAT	TON FOUN	ΊΔΑΨΤΟΝ		33-114341	8
Par					tside the United States. Compl	ete if the orgar		
	Form 990, F	Part IV, li	ine 14b.			-		
	-		-		ds to substantiate the amount of its gr the selection criteria used to award th			Yes 🗌 No
2	For grantmakers. United States.	Describ	e in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
3	· •	<u> </u>	v	<u> </u>	an be duplicated if additional space is	· · · · ·		(0 T))
	(a) Region		 b) Number of offices in the region 	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
					GRANTS TO RECEIPIENTS IN	GRANTS TO E SCHOLARSHIE	PROVIDE P SUPPORT TO	
					THE REGONS / PROGRAM	STUDENTS OF	7 THE	
SUB-	SAHARAN AFRICA		1	0	SERVICES	EDUCATION 1	INSTITUTION.	96,720.
3 a	Subtotal		1	C				96,720
	Total from continu							
	sheets to Part I \dots		0	C				0.
	Totals (add lines 3 and 3b)		1	, c				96,720.

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

032071 12-03-20

SCHEDULE F

(Form 990)

Schedule F (Form 990) 2020

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

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)
		SUB-SAHARAN			WIRE TRANSFERS / CASH			
		AFRICA	SCHOLARSHIPS	96,720.	WITHDRAWALS	0.	N/A	
			recognized as charities by the				1	ı
			or counsel has provided a sec					1

Schedule F (Form 990) 2020

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(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)

Schedule F (Form 990) 2020

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," 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)	🗌 Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

PART I, LINE 2:
PRESIDENT OF THE FOUNDATION IS LOCATED ONSITE AT GRANTEE LOCATION AND
OVERSEES USE OF FUNDS AND PROVIDES MONTHLY AND ANNUAL REPORTS BACK TO THE
BOARD. THE BOARD RECEIVES PROGRAM COSTS AND BUDGETS, FINANCIAL STATEMENTS
AND REPORTS FROM PALM INSTITUTE AND REVIEWS SUCH INFORMATION WITH THE
TRUSTEES AND OFFICERS OF PALM INSTITUTE.
032075 12-03-20 Schedule F (Form 990) 20
30 260319 759909 NAPE 2020.04030 NAA AMERLEY PALM EDUCATION NAPE

NAA AMERLEY PALM EDUCATION FOUNDATION

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

Schedule F (Form 990) 2020

Part V Supplemental Information

33-1143418

Page 5

SCHEDULE O

(Form 990 or 990-EZ)

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



NAA AMERLEY PALM EDUCATION FOUNDATION 33-1143418

FORM 990, PART VI, SECTION A, LINE 2:

PETER OKANTEY, PRESIDENT, AND BETH OKANTEY, SECRETARY, ARE HUSBAND AND

WIFE.

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

FORM 990 IS REVIEWED AND APPROVED BY DIRECTORS VIA AN ELECTRONIC ACCESS,

REVIEW AND APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, ANNUAL FORM 990 AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST SUBMITTED THROUGH THE WEBISTE, EMAIL OR IN WRITING.

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

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 11-20-20
 Schedule O

31

SCH	IEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NAA AMERLEY PALM EDUCATION FOUNDATION

Employer identification number 33 - 1143418

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PALM INSTITUTE	TERTIARY EDUCATION - 2 & 3				NAA AMERLEY PALM		
MANYA JORPANYA, SHAI HILL, AKOSOMBO ROAD	YEAR CERTIFICATES & 4 YEAR				EDUCATION		
ACCRA, GHANA	DEGREES	GHANA			FOUNDATION	X	

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	(a) (b) ne, address, and EIN Primary activity related organization		(c) (d) Legal domicile (state or entity		(e) nant income unrelated, om tax under	(f) Share of total income		of total Share			n) ortionate tions?	(i) Code V-UBI amount in bo 20 of Schedu	BI G	(j) General o managing partner?	orPerce	(k) centage nership
		foreign country)		sections	om tax under 512-514)			dS	5615	Yes	No	K-1 (Form 10				
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IV Identification of Related C organizations treated as a c	corporation or trust duri	ng the tax	year.	omplete if t	ne organizati	ion ansv	verea "Yes	s" on Foi	m 990, P	art IV,	line 34	4, because it r	ad or	ne or n	nore re	lat
(a)			(b)	(c)	(d)		(e)		(f			(g)		(h)	(Sec 512((i) ctio
Name, address, and	ion	Primary activity		Legal domicile (state or	(state or entity		(C corp, S corp		Share o inco			Share of end-of-year	own	entage iership	cont	(b)(1 trolle tity?
of related organizat				foreign								assets			Yes	-ŕ
of related organizat				foreign country)			or tru	ist)								
of related organizat							or tru	ist)								
of related organizat							or tru	ist)								
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of related organizat							or tru									
of related organizat							or tru	IST)								
of related organizat							or tru									-

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Part V	Transactions With Related Organ	izations. Complete if the	proanization answered "Yes"	on Form 990, Part IV	line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PALM INSTITUTE	В	96,720.	CASH
_(2)			
(3)			
<u>(4)</u>			
(5)			
_(6)	24		

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) ^r Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

PALM INSTITUTE

MANYA JORPANYA, SHAI HILL, AKOSOMBO ROAD

ACCRA, GHANA

PRIMARY ACTIVITY: TERTIARY EDUCATION - 2 & 3 YEAR CERTIFICATES & 4 YEAR

DEGREES

DIRECT CONTROLLING ENTITY: NAA AMERLEY PALM EDUCATION FOUNDATION

032165 10-28-20