	-		Return of Organization Exempt Fro	om Ir	ncome Tax	F	OMB No. 1545-0047
Forr	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			ns)	2021
Form 990 Department of the Treasury		•••	Do not enter social security numbers on this form as it			,	
Depa Interr	rtment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	-	-		Open to Public Inspection
					UN 30, 2022		•
_	heck if		organization		D Employer identif	icatio	n number
	pplicab	le:			,,		
X	Addre	ess NAA	AMERLEY PALM EDUCATION FOUNDATION				
	Name		usiness as NAPE FOUNDATION		33-11434	18	
	Initial	- 0		m/suite	E Telephone number	er	
	 	601	S.W. 2ND AVENUE 210				
	termi ated	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		457,595.
	Amer		LAND, OR 97204	ĺ	H(a) Is this a group r	eturn	-
	Appli tion	^{ca-} F Name a	nd address of principal officer: MATTHEW STORER		for subordinate		Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates i		
IT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or [527	If "No," attach a	a list. S	See instructions
J۷	Vebsi	ite: 🕨 NAPE	FOUNDATION.ORG		H(c) Group exemption	on nur	mber 🕨
ΚF	orm o	f organization:	X Corporation Trust Association Other ▶	L Year o	of formation: 2006	M Stat	te of legal domicile: OR
	nrt I	Summary					
	1	Briefly describ	e the organization's mission or most significant activities: PROVIDI	ING S	SUPPORT FOR	ΗI	GHER
Governance			ON IN GHANA, WEST AFRICA.				
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed o	of more t	than 25% of its net as	sets.	
Vel	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3		11
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4		11
ې مې	5		of individuals employed in calendar year 2021 (Part V, line 2a)				0
itie	6		of volunteers (estimate if necessary)				13
Activities &	7 a		d business revenue from Part VIII, column (C), line 12				0.
Ā			business taxable income from Form 990-T, Part I, line 11				0.
					Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		111,985.		280,845.
nue	9		ce revenue (Part VIII, line 2g)		0.		0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.		0.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		111,985.		280,845.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		96,720.		264,265.
	14		o or for members (Part IX, column (A), line 4)		0.		0.
6	15	•	compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.
ses			undraising fees (Part IX, column (A), line 11e)		11,478.		0.
Expense	b		ng expenses (Part IX, column (D), line 25)		•		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,416.		16,032.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		109,614.		280,297.
	19	-	expenses. Subtract line 18 from line 12		2,371.		548.
nc es					jinning of Current Year		End of Year
ets (20	Total assets (F	Part X, line 16)		2,400.		2,948.
Ass Bal	21		(Part X, line 26)		0.		0.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		2,400.		2,948.
	rt II		Block		=,=:••	1	_,,,,,,,,
			declare that I have examined this return, including accompanying schedules and	statemer	nts. and to the best of m	v know	vledge and belief, it is
	-		Declaration of preparer (other than officer) is based on all information of which p			,	g 0.00, 10 0

,		, , , , , , , , , , , , , , , , , , , ,	, ,	
Sign Here	Signature of officer MATTHEW STORER, CHAIRM Type or print name and title	AN	Date	
Paid	Print/Type preparer's name SANG AHN	Preparer's signature Da	tate Check PTIN if self-employed PO054088	
Preparer	Firm's name MCDONALD JACOBS ,	P.C.	Firm's EIN 🕨 93-0900579	9
Use Only	Firm's address 520 SW YAMHILL S PORTLAND, OR 972	Phone no. (503) 227-05	581	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes	No
		a and the announts in structions	990	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	NAPE FOUNDATION PROVIDES AN INCREASE IN HIGHER EDUCATIONAL	
	OPPORTUNITIES TO GHANAIANS TO ENHANCE AND PROMOTE THEIR WELL BEING A	ANI
	COMMUNITY AT LARGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s []
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s [
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$165,000. including grants of \$165,000.) (Revenue \$)	
	PALM INSTITUTE STARTED CONSTRUCTION ON ITS FIRST ON-CAMPUS STUDENT	
	DORMATORY WHICH WILL HOUSE 32 FULL-TIME CAMPUS STUDENTS. CONSTRUCTION	
	AT THE END OF THE FISCAL YEAR WAS APPROXIMATELY 80% COMPLETE AND FUN	NDI
	BY GRANTS FROM NAPE FOUNDATION.	
4b	(Code:) (Expenses \$ 99,265. including grants of \$ 99,265.) (Revenue \$)	
	SCHOLARSHIP GRANTS PROVIDED BY NAPE FOUNDATION PROVIDED PALM INTITUT	ΓE
	TO ADMIT THE HIGHEST NUMBER OF STUDENTS; 20 STUDENTS DURING THE 2022	2
	ADMISSIONS SEASON. FOR THE FIRST TIME IN THE HISTORY OF PALM INSTITU	
	THE FEMALE TO MALE RATIO OF THE STUDENT POPULATION CURRENTLY IS 11:2	
	MORE FEMALES WERE GIVEN THE OPPORTUNITY TO ENROLL AT PALM INSTITUTE	
	A RESULT OF OUR COLLABORATION WITH CAMFED. TOTAL GRANTS PROVIDED FOF	
	SCHOLARSHIPS AND OPERATION SUPPORT FOR ENROLLMENT DURING THE FISCAL	
	YEAR WAS \$99,265.	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	PALM INSTITUTE RECEIVED ACCREDITATION TO RIN TWO (2) FOID VERD DECOL	मज
4c	PALM INSTITUTE RECEIVED ACCREDITATION TO RUN TWO (2) FOUR-YEAR DEGRE	EΕ
4c	PROGRAMS IN 2022 AS A RESULT OF CONTINUED GRANT FUNDING FROM NAPE	
4c	PROGRAMS IN 2022 AS A RESULT OF CONTINUED GRANT FUNDING FROM NAPE FOUNDATION. THE BSC. COMPUTER SCIENCE AND BSC. BUSINESS ADMINISTRAT	FI
4c	PROGRAMS IN 2022 AS A RESULT OF CONTINUED GRANT FUNDING FROM NAPE FOUNDATION. THE BSC. COMPUTER SCIENCE AND BSC. BUSINESS ADMINISTRAT WERE ACCREDITED BY THE GHANA TERTIARY EDUCATION COMMISSION (GTEC) TH	FI
4c	PROGRAMS IN 2022 AS A RESULT OF CONTINUED GRANT FUNDING FROM NAPE FOUNDATION. THE BSC. COMPUTER SCIENCE AND BSC. BUSINESS ADMINISTRAT WERE ACCREDITED BY THE GHANA TERTIARY EDUCATION COMMISSION (GTEC) TH YEAR GIVING PALM INSTITUTE THE OPPORTUNITY TO DIVERSIFY ITS PROGRAM	FI
4c	PROGRAMS IN 2022 AS A RESULT OF CONTINUED GRANT FUNDING FROM NAPE FOUNDATION. THE BSC. COMPUTER SCIENCE AND BSC. BUSINESS ADMINISTRAT WERE ACCREDITED BY THE GHANA TERTIARY EDUCATION COMMISSION (GTEC) TH	FI
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Form 990 (2021)				EDUCATION	FOUNDATION
Part IV Checklis	t of Require	d Schedules	i		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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			37
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		х
20-	complete Schedule G, Part III	19 20a		X
20а ь		20a 20b		- 11
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
132003			990 ((2021)

132003 12-09-21

Form 990 (2021)					FOUNDATION				
Part IV Checklist of Required Schedules (continued)									

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b				
С				
	(gambling) winnings to prize winners?	<u>1c</u>	000	
132004	4 12-09-21	⊦orm	390	(2021)

4 2021.05080 NAA AMERLEY PALM EDUCATIO 6853___1

	990 (2021) NAA AMERLEY PALM EDUCATION FOUNDATION 33-114	3418	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
)		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
		3b		
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	ти		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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		L
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	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a L	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		<u> </u>
b 10		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders N/A			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> 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? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	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		<u> </u>
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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
10000	If "Yes," complete Form 6069.	Eorm	990	(2021)

Form	990	(2021)
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NAA AMERLEY PALM EDUCATION FOUNDATION

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

Sect	Check if Schedule O contains a response or note to any line in this Part VI					-		
					Yes	-		
19	Enter the number of voting members of the governing body at the end of the tax year	1a	·	11	10.	ì		
	If there are material differences in voting rights among members of the governing body at the end of the tax year							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
	Enter the number of voting members included on line 1a, above, who are independent	1b		11				
				<u>+ </u>				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				v	ļ		
	officer, director, trustee, or key employee?			. 2	X			
	Did the organization delegate control over management duties customarily performed by or under the		•					
	of officers, directors, trustees, or key employees to a management company or other person?					-		
	Did the organization make any significant changes to its governing documents since the prior Form					_		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?				_		
	Did the organization have members or stockholders?			. 6		_		
	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			. 7 a		_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or					
	persons other than the governing body?			. 7b		_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:					
а	The governing body?			. 8a	Х	_		
	Each committee with authority to act on behalf of the governing body?				Х			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9				
	ion B. Policies (This Section B requests information about policies not required by the Internal R							
			,		Yes			
10a	Did the organization have local chapters, branches, or affiliates?			10a				
	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				Х	7		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ly bere		110		Ī		
		,		100				
	on Schedule O how this was done					-		
	Did the organization have a written whistleblower policy?					-		
	Did the organization have a written document retention and destruction policy?			14		i		
	Did the process for determining compensation of the following persons include a review and approv		aepenaent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official					_		
	Other officers or key employees of the organization			. 15b				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			. 16 a		_		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's					
	exempt status with respect to such arrangements?	<u></u>		16 b		_		
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	D-T (section 501(c)	(3)s only)	avail	ŀ		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explai	n on S	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and finan	cial			
	statements available to the public during the tax year.		. ,					
	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records					
	CALEB PILING - (541) 729-5321		· · · · · · ·					
	601 S.W. 2ND AVENUE, 2100, PORTLAND, OR 97204							
	601 S.W. 2ND AVENUE, 2100, PORTLAND, OR 97204							

Form 990 (2021)	NAA AMERLEY PALM EDUCATION FOUNDATION	33-1143418	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
Employe	ees, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	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 w	ith or within the organization	's tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organizations), rega	urdless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more box, unless person is officer and a directo			ore than one on is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PETER OKANTEY PRESIDENT	5.00	x		x				0.	0.	0.
(2) MATTHEW STORER CHAIRMAN	3.00	x		x				0.	0.	0.
(3) BETH OKANTEY SECRETARY	2.00	x		x				0.	0.	
(4) CALEB PILLING	2.00									0.
TREASURER (5) MATTHEW ESSIEH	1.00	X		X				0.	0.	0.
DIRECTOR (6) BRENDA MCLAUGHLIN	1.00	Х						0.	0.	0.
DIRECTOR (7) PATRICIA AKOSUA ASANTE-FREMPONG	1.00	X						0.	0.	0.
DIRECTOR		х						0.	0.	0.
(8) ATO MICAH DIRECTOR	1.00	x						0.	0.	0.
(9) JUSTICE OWUSU-HEINNO DIRECTOR	1.00	x						0.	0.	0.
(10) STEPHAN WILSON DIRECTOR	1.00	x						0.	0.	0.
(11) SUSAN SMITH DIRECTOR	1.00	x						0.	0.	0.
		•								
		-								
122007 12 00 01	1							1		Form 990 (2021)

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Form 990 (2021)

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	990 (202 [.]	1) NA A	A AMERI	LEY PALI	ΜE	EDU	JCA	TI	ON	F	FOUNDATION	33-13	<u>143</u>	418	Pa	age 8
Part	: VII _{Se}	ction A. Officers, Dire	ectors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
		(A)		(B)				C)			(D)	(E)			(F)	
		Name and title		Average	(do		Pos		۱ than c	ne	Reportable	Reportable		Es	timate	d
				hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensatio	'n	am	ount	of
				week		cer ar		Irecto	or/trust	ee)	from	from related			other	
				(list any	rector						the	organization			pensa	
				hours for related	or di	66			ated		organization	(W-2/1099-MIS			om the	
				organizations	rustee	trust		66	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relate	
				below	dual ti	itiona		nploy	st cor yee	-	1000 NEO)				nizatio	
				line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
					-	-		-								
					_											
					_											
					-											
					1	\vdash										
					-											
					-	-										
					-											
													-+			
1b	Subtotal			•							0.		0.			0.
с	Total fro	m continuation sheet									0.		0.			0.
d	Total (ad	Id lines 1b and 1c)									0.		0.			0.
2	Total nur	nber of individuals (inc	luding but n	ot limited to th	nose	liste	ed ab	oove) wh	o re	eceived more than \$100,	000 of reportable	•			
	compens	ation from the organiz	ation 🕨													0
													ſ		Yes	No
3		• •		-			•	-		Ŭ	hest compensated emp					
														3	_	X
4	-			-		-					ner compensation from t	-				х
5											for such individual ed organization or individ			4		<u> </u>
5														5		Х
Sect		dependent Contracto					<u>1011 ș</u>	00/0	<u>on</u> .				<u></u>			
1	Complete	e this table for your five	e highest coi	mpensated in	depe	ende	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
	the orgar	nization. Report compe	ensation for t	the calendar y	ear e	endir	ng w	vith c	or wit	thin	the organization's tax y	ear.				
		Namo a	(A) nd business	addross	3.7/	~~**	-				(B) Description of s	onvicos	C	(C omper		-
				audi 635	INC	ONE	2			_	Description of s			omper	ISatio	
2					ot lir	nited	d to			ted	above) who received mo	ore than				
	\$100,000) of compensation from	n the organiz	zation				(J					_	000	
														Form	990 (2	2021)

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Forn	1 990 (1 EDUCATIO	ON FOUND	ATION	33-1143	418 Page 9
Ра	rt VII						
		Check if Schedule O contains a response or not		(A) tal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2800 Noncash contributions included in lines 1a-1f 1g \$ 176 Total. Add lines 1a-1f Busi	0,845. 6,750. ≥ 2	80,845.			sections 512 - 514
Proj	e f	All other program service revenue					
Other Revenue	g 3 4 5 6 a b c d 7 a b c 8 a b c 9 a 10 a	Total. Add lines 2a-2f Investment income (including dividends, interest, an other similar amounts) Income from investment of tax-exempt bond proceer Royalties Gross rents 6a Less: rental expenses 6b Rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis (i) Securities and sales expenses 7b Gross income from fundraising events (not including \$ Gross income from fundraising events of contributions reported on line 1c). See 8a Part IV, line 18 8b Less: direct expenses 8b Net income or (loss) from fundraising events 9a Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	Image: Arrow of the second	0.			
Miscellaneous Revenue	с		iness Code				
Bev	c d	All other revenue					
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶ 2	80,845.	0.	0.	0.
13200	9 12-09	-21					Form 990 (2021)

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Form 990 (ERLEY	
Part IX	Statement	of Function	onal	Expense	es

NAA AMERLEY PALM EDUCATION FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	264,265.	264,265.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
с	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch 0.)	1,993.		1,993.							
12	Advertising and promotion										
13	Office expenses	1,645.		1,645.							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	621.		621.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	PROPERTY SELLING EXPENS	11,773.		11,773.							
b											
с											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	280,297.	264,265.	16,032.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

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132010 12-09-21

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Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

NAA AMERLEY PALM EDUCATION FOUNDATION

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		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,400.	1	2,188.
	2	Savings and temporary cash investments		2	760.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,400.	16	2,948.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,400.	27	2,948.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.			
si S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tA₅	31	Retained earnings, endowment, accumulated income, or other funds	0.400	31	0.040
Ne	32	Total net assets or fund balances	2,400.	32	2,948.
	33	Total liabilities and net assets/fund balances	2,400.	33	2,948.

Form 990 (2021)

Form	990 (2021) NAA AMERLEY PALM EDUCATION FOUNDATION	33-1	143418	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,845.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	280	,297.
3	Revenue less expenses. Subtract line 2 from line 1	3		548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>,400.</u>
5	Net unrealized gains (losses) on investments	5		
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	<u>,948.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			`	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0	Э.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

132012 12-09-21

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov	Open to Public Inspection						
Name of	the organizati		Ŭ					Employer	identification number	
	-	NAA	AMERLEY PA	LM EDUCATION	FOUNI	OATION	J	3	3-1143418	
Part I	Reason			(All organizations must c						
The organ				For lines 1 through 12, cl						
1 🗂		•		n of churches described	•)(A)(i).			
2	-		•	Attach Schedule E (Form						
3				anization described in se		(b)(1)(A)(ii	i).			
4				njunction with a hospital)(iii). Enter	the hospital's name,	
	city, and stat	e:								
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
			omplete Part II.)							
8				(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college	
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
	university:	-				-		-		
10	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment	
	income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.	
	See section 509(a)(2). (Complete Part III.)									
11 🗌	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving	
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ing	
	control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
с		-		g organization operated				lly integrate	d with,	
		•). You must complete I						
d 🗌		-		oorting organization oper				-		
		-		ation generally must sat	•		-	l an attentiv	reness	
	- ·			nplete Part IV, Sections						
e		•		written determination from			Туре I, Туре	II, Type III		
				nally integrated supporting					[]	
	er the number		•							
	vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other	
	organizatior		(1) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)	
				above (see instructions))	165					
Total										

Schedule A (Form 990) 2021 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)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	220,199.	73,796.	51,154.	111,985.	104,095.	561,229.
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	220,199.	73,796.	51,154.	111,985.	104,095.	561,229.
5				- , -	,		
-	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)						298,912.
6	··· ·····						262,317.
	Public support. Subtract line 5 from line 4.						202,517.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	
	Amounts from line 4	(a) 2017 220,199.	73,796.	(c)2019 51,154.	(d) 2020 111,985.	(e) 2021 104,095.	(f) Total 561,229.
-		220,199.	15,150.	51,154.	111, 505.	101,055.	501,225.
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.)						<u> </u>
11	Total support. Add lines 7 through 10						561,229.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage			I I	
14	Public support percentage for 2021 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	46.74 %
	Public support percentage from 2020					15	42.87 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		J. J				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	k this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization		•		••••		>
							(Farm 000) 0001

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021					FOUNDATION	33-1143418	Page 3
Part III Support Schedu	Ile for Orga	inizations De	escribed	I in Section 509	(a)(2)		

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

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	• • • • • • • • • • • • • • • • • • • •						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	- i01(c)(3) organ	nization.
		0					►
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the	-	•				
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 01-04-22			*			lule A (Form 990) 2021
			15	i i i i i i i i i i i i i i i i i i i			. ,

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	L
2	Did the organization operate for the benefit of any supported organization other than the supported		l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.		l

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	-
1. Were a majority of the organization's directors or trustees during the tay 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 experimetion (a)

Section D. All T	ype III Supporting	Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

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

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

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

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

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

Schedule A (Form 990) 2021

1

Yes No

2

1

Yes No

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Sche	dule A (Form 990) 2021 NAA AMERLEY PALM EDUCA			33-1143418 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting of	organization (see

Schedule A (Form 990) 2021

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instructions).

IAA	AMERLEY	PALM	EDUCATION	FOUNDATION
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Sche		ALM EDUCATION		3	3-1143418	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	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	e organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021						FOUNDAT		33-1143418	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar	s 1, 2, 3b, 3c D, lines 2 an	, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c ction E, lir	, 11a, 11b ies 1c, 2a,	, and 11c; 2b, 3a, ar	Part IV, Sectior d 3b; Part V, lin	n B, lines 1 ie 1; Part V.	17b; Part III, line 12; and 2; Part IV, Sectio , Section B, line 1e; F	on C,
	(See instructions.)									
132028 01-04-2	2				20				Schedule A (Form	990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

33-1143418

2021

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BRENDA MCLAUGHLIN	17,123.	5,898.
DARRELL BROWN & MARIBETH ROTHWELL	11,797.	572.
LANE POWELL PC	18,500.	7,275.
LEE NUSICH	72,890.	61,665.
MARY LOU KNIGHT-KORNBRODT	46,270.	35,045.
MATTHEW AND SARAH STORER	16,345.	5,120.
MATTHEW S. ESSIEH AND FAMILY FOUNDATION	104,387.	93,162.
MICHAEL & MARY DELK	26,825.	15,600.
PHIL & VICKIE ROTHROCK	57,600.	46,375.
TIM PRICE	14,150.	2,925.
YACULTA COMPANIES	36,500.	25,275.
Total Excess Contributions to Schedule A, Part II, Line 5		298,912.

Schedule A

Identification of Unusual Grants

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount	
HIL AND VICKI ROTHROCK	35% TENANCY IN COMMON INTEREST IN REAL ESTATE I	OC 07/27/21		
otal Unusual Grants			176,750	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

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

2021

Employer identification number

organization type (check of	юj.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

NAA AMERLEY PALM EDUCATION FOUNDATION

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

Employer identification number

NAA AMERLEY PALM EDUCATION FOUNDATION

33-1143418

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHIL AND VICKI ROTHROCK 2228 NE 22ND AVE. PORTLAND, OR 97212	\$ <u>196,750.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	YACULTA COMPANIES 2162 NW JESSAMINE WAY VANCOUVER, WA 98660	\$ <u>16,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHAEL AND MARY DELK 5653 54TH CT SE SALEM, OR 97317	\$11,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.05080 NAA AMERLEY PALM EDUCATIO 6853___1

NAA A	AA AMERLEY PALM EDUCATION FOUNDATION 33-1143418						
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)		(d) Date received			
1	35% TENANCY IN COMMON INTEREST IN REAL ESTATE LOCATED AT 6920-6922 NE GOING ST. PORTLAND, OR	\$176,75	50.	07/27/21			
(a)		(c)					

N.

Faili			
	35% TENANCY IN COMMON INTEREST IN REAL ESTATE LOCATED AT		
1	6920-6922 NE GOING ST. PORTLAND, OR		
		\$176,750.	07/27/21
		•	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncesh property given	(See instructions.)	Date received
arti			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		· · · · · · · · · · · · · · · · · · ·	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
		·	
(a)			
No.	(b)	(c)	(d)
from	ری) Description of noncash property given	FMV (or estimate)	رم) Date received
Part I	Description of noncast property given	(See instructions.)	Date received
	<u> </u>		
		\$	

Name of organization

Employer identification number

Schedule I	B (Form 990) (2021)				Page 4
Name of o	organization				Employer identification number
	MERLEY PALM EDUCATION F	ΟΠΝΟΑΨΤΟΝ			33-1143418
Part III		ions to organizations describe	ed in section 50	1(c)(7), (8), or (10) i	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for the	ne year. (Enter this info. on	nce.) > \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
`from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	B	elationship of tra	ansferor to transferee
			-		
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gif	•	(d) Des	cription of how gift is held
Part I		(0) 000 01 gi		(0) 200	
		e) Transfer	of gift		
			or giv		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
		-			
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held
Part I					· · · · · · · · · · · · · · · · · · ·
·		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
123454 11-11	1-21				Schedule B (Form 990) (2021)

6 (Form 9 D) (2

26 2021.05080 NAA AMERLEY PALM EDUCATIO 6853___1

NAA	A AMERLEY PAL					33-114341	-
Pa	rt I General Info Form 990, Part IV		ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	′es" on
1	For grantmakers. Does	the organizatior		ds to substantiate the amount of its gra he selection criteria used to award the		·	Yes
2 3	United States.			procedures for monitoring the use of its		her assistance outsi	de the
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activities is a properties of the second sec	vity listed in (d) gram service, e specific type (s) in the region	(f) exper for inves in the
SUB-	SAHARAN AFRICA	1			GRANTS TO P SCHOLARSHIP STUDENTS OF EDUCATION I	SUPPORT TO THE	2

				GRANTS TO PROVIDE	
			GRANTS TO RECEIPIENTS IN	SCHOLARSHIP SUPPORT TO	
			THE REGONS / PROGRAM	STUDENTS OF THE	
SUB-SAHARAN AFRICA	1	0	SERVICES	EDUCATION INSTITUTION.	264,265.
0 - Outstatel	1	0			264,265.
3 a Subtotal		0			204,205.
b Total from continuation	0	0			0.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	0			264,265.
and 3p)	I T	0			204,200.

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

Schedule F (Form 990) 2021

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.

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

Inspection

Employer identification number

OMB No. 1545-0047
2021
Open to Public

No

(f) Total expenditures for and investments in the region

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organizatio

Name of the organization

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)
					WIRE			
		SUB-SAHARAN			TRANSFERS/CASH			
		AFRICA	SCHOLARSHIPS	96,720.	WITHDRAWALS	0.	N/A	
		SUB-SAHARAN						
		AFRICA - ANGOLA,			WIRE			
		BENIN, BOTSWANA,	SCHOOL CAMPUS		TRANSFERS/CASH			
		BURKINA FASO,	CONSTRUCTION	165,000.	WITHDRAWALS	٥.	N/A	
2 Enter total number of	recipient organization	L he listed above that are a	recognized as charities by the	foreign country	I	1	1	
			or counsel has provided a sec			•		:
	other organizations of		or counsel has provided a sec		aivalency letter	🛃		

Schedule F (Form 990) 2021

33-1143418

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	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

	(Form 990) 2021	NAA	AMERLEY	PALM	EDUCATION	FOUNDATION	33-1143418	Page 4
Part IV	Foreign Form	S						

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	Yes	XNo
	Corporation (see Instructions for Form 926)	res	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F	(Form 990) 2021	NAA	AMERLEY	PALM	EDUCATION	FOUNDATION	33-1143418	Page 5
Part V	Supplemental	Inforr	nation					
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of								

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART I, QUESTION 1

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.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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



Name of the organization

Employer identification number 33-1143418

1	NAA	AMERLEY	PALM	EDUCATION	FOUNDATION	

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	its
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	Х	1	176,750.	FAIR MARKET	VALUE	1
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organization						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po				tions?	31	<u> </u>
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash			
						32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	r for which column (a) is cheo	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

09440427 781409 6853

Schedule M	(Form 990) 2021 Supplementa	NAA	AMERLEY	PALM	EDUCATIO)N F(OUNDATION	33-1143418	Page 2
Part II	Supplementa is reporting in Par this part for any a	l Inforr t I, colun	nation. Provi	de the info er of cont	prmation requirec ributions, the nu	l by Par mber of	t I, lines 30b, 32b, items received, or	and 33, and whether the organizate a combination of both. Also comp	tion vlete
132142 11-17-2	21							Schedule M (Form	990) 2021

SCHEDULE O (Form 990)

Name of the organization

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



NAA AMERLEY PALM EDUCATION FOUNDATION

Employer identification number 33-1143418

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

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

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. 132211 11-11-21

Schedule O (Form 990) 2021

132161 11-17-21 LHA

Schedule R (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

NAA AMERLEY PALM EDUCATION FOUNDATION

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

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 Part II 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	contr	g) 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.

OMB No. 1545-0047

Employer identification number 33-1143418

2021 **Open to Public** Inspection

Schedule R (Form 990) 2021 NAA AMERLEY PALM EDUCATION FOUNDATION

33-1143418 Page 2

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.

		-	(-1)	(-)	(0)	()			(1)	Γ,		(1.)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	eral or	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	aging ner?	Percentage ownership
		foreign		(related, unrelated, excluded from tax under sections 512-514)		assets	Vac	No		Yes		
		country)		30010113 0 12 0 14)			res			res		
	1											
	-											
]											
	-											
	4											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
	1								
	-								
									\square

Schedule R (Form 990) 2021 NAA AMERLEY PALM EDUCATION FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses			-
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

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	264,265.	CASH
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 NAA AMERLEY PALM EDUCATION FOUNDATION

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	(e) Are a partners 501(c) orgs. Yes 1	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) opor- nate tions? No	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Page 4

Schedule R (Form 990) 2021	
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Part VII Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21