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## **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

		of the Treasury	Mes	a The farmadates		to use a copy of this re			to rese	roquiromento	2003
		nue Service ar year 2009, or ta				e to use a copy of this re and ending	uiii tC	sausiy Sta	ite reporting	requirements	<u> </u>
		Ill that apply	Initial retu			turn of a former public	c cha	ritv		Fınal return	<del></del>
•	nicon a	iii diat appiy	Amended		′ ്	ress change	Γ	¬′	change		
ı	the IR	AMERICA	tion	ATIONAL					A Emp	loyer identification num -1688758  phone number (see page 1	
print Number and street (or P O box number if mail is not delivered to street address) Room/suite						om/suite		5-627-3841	o or the mandonona,		
or	type.	PO BOX	158544						C If exe	emption application is pend	ling, check here
	Specifi	Only or town, our	ite, and ZIP code						D 1. Fo	oreign organizations, checl	k here
	uction	HANNIATI			TN	37215			2. Fo	oreign organizations meeti	ng the
<u>H</u> 0	heck ty	ype of organization:	: X Section						85	5% test, check here and at	tach computation 🕨 [
		4947(a)(1) nonexe			_	e private foundation			1 '	ate foundation status was	
		ket value of all asse		J Accounting		Cash X A	crua	ı	i	on 507(b)(1)(A), check her	_
	•	rom Part II, col. (c),			specify)					foundation is in a 60-mon r section 507(b)(1)(B), che	
	e 16) 🕨 art I	Analysis of F				pe on cash basis.)	Т		1 4.100	1 300001 001 (D)( 1)(D); UNC	
Pá	att i	total of amounts in colur		•		(a) Revenue and expenses per	1.	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for chantable
		the amounts in column (		-	quui	books		inco	me	income	purposes (cash basis only)
	1	Contributions, gifts, g			ule)	355,26	0				(cash basis only)
	2			ot required to atta	•	222,20	+		······		
	3	Interest on saving		•		2	8	••••••	28	28	
	4	Dividends and inte	•	•							
	5a	Gross rents									
Ф	ь	Net rental income	or (loss)								
Revenue	6a	Net gain or (loss) from sa	ale of assets not on la	ne 10							
Ş	b	Gross sales price for all a	ssets on line 6a	-							
æ	7	Capital gain net in	come (from Pa	rt IV, line 2)					0		
	8	Net short-term cap	oital gain			•				0	
	9	Income modification	ons .				_				
	10a	Gross sales less retu	irns & allowances	·			4		•••••		ļ
	þ	Less Cost of good	•				-				
	С	Gross profit or (los	• •	edule)			╬				
	11	Other income (atta	•			255 20	+		26	EOE"	
	12_	Total. Add lines 1			_	355,28	<u> </u>		28	ECFIVED 28	
es	13	Compensation of o			<b>;.</b>		╁		8 NIC	V 1 ~ 18	<del>} </del> -
	14 15	Other employee sa Pension plans, em	`	•			+	- 1	AL M	V 1 7 2010 18	
₽£	16a	Legal fees (attach		3			$\dagger$	- 1		12	
3	b	Accounting fees (a		<u>.</u> )			+	<del>i</del>	00	DEN 117	<del>  </del>
~\$	c	Other professional fe			:		$\top$	-			<u> </u>
<u> </u>	17	Interest	(	· -,			1				1
ist.	18	Taxes (attach schedule) (	see page 14 of the r	nstructions)	•						
<u>≥</u> ⊆	19	Depreciation (attach					$oxed{\Box}$				
7	20	Occupancy									
Z.	21	Travel, conference	es, and meeting	gs			$\perp$				
ZĔ	22	Printing and public	cations		_		$\bot$				
<u>Ş</u> p	23	Other expenses (att. sch	•	STMT		43	4				
ڇ	24	Total operating a		itive expenses					_		
Operating and Administrative Expens		Add lines 13 throu	- •			43			0		240
Q	25	Contributions, gifts	-			348,26	$\overline{}$				348,26
	26	Total expenses and		ts. Add lines 24 ai	nd 25 .	348,69	4		0	0	348,26
	27	Subtract line 26 fre		and district	onto	6,59	,				
	a	Excess of revenue  Net investment in			eur2	6,39	-		28		
	Ь	Adjusted net inco					+		20	28	
	<u> </u>	Aujusted net inci	ome (ii negativ	e, enter -0-)							- 000 DE

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	P MILL	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	57,081	63,675	63,675
	.2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			······································
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	-		
	•	disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	•	Less allowance for doubtful accounts ▶	1		
Ø	8	Inventories for sale or use		•	
se	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
-	С 11	Investments—land, buildings, and equipment basis			
	•••	Less accumulated depreciation (attach sch )	1		
	40	, , ,			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis	1		
	4-	Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers—see the	E7 001	63 675	62 675
$\dashv$		Instructions Also, see page 1, item I)	57,081	63,675	63,675
	17	Accounts payable and accrued expenses			
Se	18	Grants payable			
Ě	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>e</u>	21	Mortgages and other notes payable (attach schedule)		<del></del>	
	22	Other liabilities (describe ► )	<u> </u>		
$\dashv$	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ X			
ces		and complete lines 24 through 26 and lines 30 and 31.			
틸	24	Unrestricted	57,081	63,675	
밁	25	Temporanly restricted			
Net Assets or Fund Baland	26	Permanently restricted			
딜		Foundations that do not follow SFAS 117, check here ▶			
리		and complete lines 27 through 31.			
히	27	Capital stock, trust principal, or current funds			
ន	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds		<del></del>	
ğ	30	Total net assets or fund balances (see page 17 of the			
ᇹ		instructions)	57,081	63,675	
7	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	57,081	63,675	
	Part I	Analysis of Changes in Net Assets or Fund Balances		<del>.</del>	
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with		
	end-c	f-year figure reported on prior year's return)		. 1	57,081
2	Enter	amount from Part I, line 27a		2	6,594
3	Other	Increases not included in line 2 (itemize) ▶		. 3	
4	Add I	nes 1, 2, and 3		4	63,675
5	Decre	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b).		6	63,675
					000 DE

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

orm	990-PF (2009) AMERICAN EDUCATIONAL ASSISTANCE U6-1688/58			P	age_ <b>4</b>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b·	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			<u> </u>
	here ▶				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3			1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1
0	. I	10		_	
1		11			
	rt VII-A Statements Regarding Activities				
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
_	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
_	Did the foundation file Form 1120-POL for this year?		1c	l	X
C C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
d	(1) On the foundation.  \$		1		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•			
е	on foundation managers.   \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
2	•		-		
	If "Yes," attach a detailed description of the activities.		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4			4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a 4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	М/А	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-		-22
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			v	
_	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	•	7		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ► NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_	<b>.</b>	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	•	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			~	
	27)? If "Yes," complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				77
	names and addresses		10	0	X
		FA	99·		しついいい

chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009)

		IONAL ASSISTANCE		1688/58				Pa	age (
P	art VII-B Statements Regarding Ad	ctivities for Which Form 4	1720 May Be R	equired (conti	nued)	)	······································		
5a		•						ĺ	
	(1) Carry on propaganda, or otherwise attempt t			□ .	Yes	X No			
•	(2) Influence the outcome of any specific public	election (see section 4955), or to	carry on,						
	directly or indirectly, any voter registration dr			• -	Yes	X No			
	(3) Provide a grant to an individual for travel, stu	•		. Ц	Yes	X No			
	(4) Provide a grant to an organization other than	-							
	section 509(a)(1), (2), or (3), or section 4940		•	□ '	Yes	X No			
	(5) Provide for any purpose other than religious,	·	ducational						
	purposes, or for the prevention of cruelty to o				Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the					37/3		ŀ	
	Regulations section 53.4945 or in a current notic			nstructions)?		N/A	5b		
	Organizations relying on a current notice regarding	•			•	<b></b> ∣	. ]		
С	If the answer is "Yes" to question 5a(4), does the	·	tne tax	n/a 🗍	<b>.</b>	┌ │			
	because it maintained expenditure responsibility	<del>-</del>		N/A 🗌	Yes	∐ No			
_	If "Yes," attach the statement required by Regula	, ,					. ]		
6a	Did the foundation, during the year, receive any f	unas, airectly or mairectly, to pay	premiums	П,	Yes	X No			
L	on a personal benefit contract?	an discosting or indiscosting on a narrow	nal banafit contract	_	res	M NO	Ch.		x
b	Did the foundation, during the year, pay premium	is, directly or indirectly, on a perso	mai beneiit contract	.*			6b		
70	If "Yes" to 6b, file Form 8870  At any time during the tax year, was the foundation	on a narty to a prohibited tay shelt	er transaction?	$\Box$	Yes	X No	- 1		
7a	If yes, did the foundation receive any proceeds of	· · ·			163	N/A	7b		
	art VIII Information About Officers				Paid E				
• •	and Contractors	, 2		.g,g, .		,,	,		
1 L	ist all officers, directors, trustees, foundation	managers and their compensat	ion (see page 22 o	f the instructions	s).	·			
			(b) Title, and average	(c) Compensation	T T	ontributions to			
	(a) Name and address		hours per week	(If not paid, enter		oyee benefit and deferred		pense ac r allowan	
			devoted to position	-0-)		npensation	Oute	i aiiOwaii	ues .
ST	UART SCOTT	NASHVILLE	PRESIDENT						
94	2 WOODMONT BLVD.	TN 37204	0.00	о		0	<u> </u>		
MI	CHAEL SHARPE	NASHVILLE	SECRETARY						
61	20 MONTCREST DRIVE	TN 37215	0.00	0		0	L		C
DA	VE YOUNG	NASHVILLE	EXEC DIRECT.				1		
PO	BOX 158544	TN 37215	0.00	0		0			
BE	CKY SHARPE .	NASHVILLE	DIRECTOR				1		
	20 MONTCREST DRIVE	TN 37215	0.00	0		0			
2	Compensation of five highest-paid employees	s (other than those included on	line 1—see page 2	23 of the instructi	ions).				
	If none, enter "NONE."		T	<del> </del>	T				
			(b) Title, and average			ontributions to loyee benefit	(e) Ex	pense ac	count.
	(a) Name and address of each employee paid	more than \$50,000	hours per week devoted to position	(c) Compensation	plans	and deferred		r allowan	
					CON	npensation	<del></del>		
NC	)NE		1						
	•		1						
			1						
		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<b>-</b>				
•			1						
			<del>                                     </del>	<del>                                     </del>	<u> </u>				
							1		
Tota	I number of other employees paid over \$50,000	- <u> </u>					<u> </u>	7	
						Fo	m 990	n_PF	(2000

Form 990-PF (	(2009) AMERICAN EDUCATIONAL ASSISTANCE	06-1688758	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundati	ion Managers, Highly Paid Emp	
	and Contractors (continued)		
3 Five hig	hest-paid independent contractors for professional services (see page 23 of	f the instructions). If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			Í
•			
			İ
Total number	of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
List the founda	ntion's four largest direct chantable activities during the tax year. Include relevant statistical info and other beneficianes served, conferences convened, research papers produced, etc	mation such as the number of	Expenses
1 SCHO	LARSHIPS OFFERED THROUGH INTERNATIONAL	SCHOLARSHIP &	- <del> </del>
	ION SERVICES		
			348,260
2			
	•		
		•	
3			
	·	•	
		•	
4			
	·		
Part IX-B	Summary of Program-Related Investments (see page 24	of the instructions)	
Describe the to	wo largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 N/A			
<b>2</b>			
All other progra	am-related investments See page 24 of the instructions		
3			
Total Add line	e 1 through 3	<u> </u>	

Form 990-PF (2009)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2009)

6

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

P	art XIII Undistributed Income (see page 26 of	the instructions)		_	
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
•	• line 7	······		······································	·
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
	Total for prior years. 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
_	From 2005				
	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$				
	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)	······································			
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				<del> </del>
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
þ	Pnor years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			•	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			······	
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be	•			
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)			:	
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9	-			
а	Excess from 2005	:			
b	Excess from 2006				
С	Excess from 2007	=			
đ	Excess from 2008				
۵	Excess from 2009	ļ			

Pa	art XIV . Private Operating Fou	indations (see pa	ge 27 of the ins	tructions and Part	VII-A, question 9	9)
1a _	If the foundation has received a ruling or o	letermination letter that	ıt ıs a private operatı	ng		
	foundation, and the ruling is effective for 2	009, enter the date of the	ne ruling		·	N/A
b	Check box to indicate whether the foundate	tion is a private operatin	g foundation describ	ed in section	4942(j)(3) or 4	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(c) rotar
	investment return from Part X for					
	each year listed _	28	<u> </u>			28
b	85% of line 2a	24				24
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	348,260				348,260
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					•
	Subtract line 2d from line 2c	348,260				348,260
3	Complete 3a, b, or c for the					
	alternative test relied upon.					
а	"Assets" alternative test—enter.					
	(1) Value of all assets					
	(2) Value of assets qualifying under					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	section 4942(j)(3)(B)(i)			1		
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in	j				
	Part X, line 6 for each year listed	40				40
С	"Support" alternative test—enter.					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)	·				
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					}
	(4) Gross investment income					
Pε	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or moi	re in assets at
	any time during the ye	•				
1	Information Regarding Foundation Mar	agers:				
а	List any managers of the foundation who h	nave contributed more the	han 2% of the total c	ontributions received b	y the foundation	
	before the close of any tax year (but only if	f they have contributed	more than \$5,000). (	See section 507(d)(2)	)	
	N/A					
b	List any managers of the foundation who o	own 10% or more of the	stock of a corporation	on (or an equally large p	portion of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greate	er interest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Schol	arship, etc., Progra	ms:		-
	Check here ▶ X if the foundation only				oes not accept	
	unsolicited requests for funds. If the found					
	organizations under other conditions, com			,		
а	The name, address, and telephone number	er of the person to whom	n applications should	be addressed.		
	N/A					
	-					
b	The form in which applications should be s	submitted and information	on and materials the	y should include:		<del> </del>
_	N/A			= 		
	Any submission deadlines.					··
	N/A					
d	Any restrictions or limitations on awards, s	uch as by geographical	areas, charitable fie	lds, kinds of institutions	s, or other factors:	
	N/A					- <del></del>

Part XV Supplementary Information (co	entinued)			
3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Payment		
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, and an
a Paid during the year INTERNATIONAL SCHOLARSHIP 200 CRUTCHFIELD NASHVILLE TN 37210		SCHO	LARSHIPS	348,260
!				
		į		
	:			
Total			<b>▶</b> 3a	348,260
b Approved for future payment	•		- Ju	210,200
N/A				
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Acti	vities					
Enter gross am	ounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e) Related or exempt	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)	
1 Program se				<del>                                     </del>		the instructions )	
				1	·		
						-	
				1		<del> </del>	
f							
g Fees ar	nd contracts from government agencies					<u>.</u>	
2 Membership	dues and assessments			<u> </u>			
3 Interest on	savings and temporary cash investments					28	
	nd interest from securities	ļ		ļ			
	ncome or (loss) from real estate						
	nanced property						
	ot-financed property						
	ncome or (loss) from personal property			<del> </del>			
7 Other inves	thent income s) from sales of assets other than inventory	-		<u> </u>			
,	or (loss) from special events			-			
	or (loss) from sales of inventory					<del></del>	
11 Other reven							
е			-v	ļ			
12 Subtotal. Ad	dd columns (b), (d), and (e)		0	1	0		
	ine 12, columns (b), (d), and (e)				13	28	
	in line 13 instructions on page 28 to verify calculations		1.65 1.5			· <del>-</del>	
Part XVI-B	<del></del>						
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.)					the	
N/A							
					-		
_						1.1	
<u>.</u>							
	-						
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	<del>                                     </del>						
	<del> </del>			-			
						·	
	1		· <del>- · - · -</del>			<del></del>	
						_	
	i e						
<del></del>							

	•	Exempt Organiza	ations							
1	Did the	organization directly or indi	rectly engage	e in any of the following with any other	er organization d	escnbed	_		Yes	No
•	ın sectio	n 501(c) of the Code (other	r than section	n 501(c)(3) organizations) or in secti	on 527, relating	to political				
	organiza	itions?								
а	Transfer	s from the reporting founda	ation to a nor	nchantable exempt organization of						
	(1) Cas	h						1a(1)		X
	(2) Othe	er assets						1a(2)		X
b	Other tra	ansactions.				•				
	(1) Sale	es of assets to a nonchanta	ble exempt o	organization				1b(1)		X
	(2) Puro	chases of assets from a no	ncharitable e	exempt organization		·		1b(2)		X
	(3) Ren	tal of facilities, equipment,	or other asse	ets				1b(3)		X
	(4) Reir	nbursement arrangements						1b(4)		X
	(5) Loai	ns or loan guarantees			•			1b(5)		X
	(6) Perf	ormance of services or me	mbership or	fundraising solicitations				1b(6)		X
C	Shanng	of facilities, equipment, ma	iling lists, oth	ner assets, or paid employees				1c		X
d	If the an	swer to any of the above is	"Yes," comp	plete the following schedule. Column	(b) should alway	ys show the fair marke	et			
	value of	the goods, other assets, or	services giv	en by the reporting foundation. If the	e foundation rece	eived less than fair ma	rket			
	value ın	any transaction or sharing	arrangemen	t, show in column (d) the value of the	e goods, other a	ssets, or services rece	eived			
	a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	(d) Descri	ption of transfers, transac	tions, and	sharing arrange	ments	
1/2	A.									
		····	ļ. <u></u>			<del></del> -				
					·					
						· · ·	-			
			ļ							
2a		•	•	nth, or related to, one or more tax-ex	. •	ons		_		1
	describe	d in section 501(c) of the C	code (other ti	han section 501(c)(3)) or in section 5	527?		•	∐ Y€	s X	No
b	If "Yes,"	complete the following sch	<u>edule</u>	Ţ <del></del>						
	7/2	(a) Name of organization		(b) Type of organization		(c) Description of	f relationsh	np		
	N/A	<del></del>		<del> </del>				-		
	<u> </u>	<del></del>				·	_			
							-			
		(2)								
	Under per belief, it is	natites of benjury, I declare that true, correct, and complete. D	I have examined at part of par	ed this return, including accompanying sci reparer (other than taxpayer or fiduciary) i	hedules and statem s based on all infor	ents, and to the best of n	ny knowled has anv kr	ge and nowledge		
				1 1 11/5	-\ 10		-			
_	Sign	ature of officer or trustee		Date	(10	SECRET.	ARI	·		
<u> </u>	7 Sign	state of officer of frustee		Date		, ride	— т	Preparer's identif	vinn	
Ξ		Description &	/ /	1	Date	Check if		number (see Sig	nature o	'n
Sign Here	er's nly	Preparer's signature	Mack	D Milho. Vari	11/0	5/10 self-employed	·► ∐	page 30 of the in:		-
מ	Paid Preparer's Use Only		MCKERI	EY & NOONAN, PC,	CPA	- J + U		E 0003 /	210	<u> </u>
	Pre⊟ Us	Firm's name (or yours if self-employed), address,		OODMONT BLVD. SUIT			EIN ▶			
	_	and ZIP code	NASHV					615-27	9-0	088
					.,		wiic IIU	Form 99		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

**Employer identification number** 

AMERICAN EDUCATIONAL ASSISTANCE 06-1688758 FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more **▶** \$ .. during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1 of Part I

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**Employer identification number** 

06-1688758 AMERICAN EDUCATIONAL ASSISTANCE Contributors (see instructions) Part I (d) (a) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 1 MONTENAY POWER Person 2651 BLACKBRIDGE ROAD Payroll 25,000 Noncash PA 17402 YORK (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. 2 COOPER INDUSTRIES Person X 600 TRAVIE STREET, SUITE 5600 Payroll 150,000 Noncash HOUSTON TX 77002 (Complete Part II if there is a noncash contribution ) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 3 THE SUSAN & DOWD RITTER FUND X Person PO BOX 15203 Payroll 133,000 Noncash **ALBANY** NY 12212-5203 (Complete Part II if there is a noncash contribution ) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 4 HEMOPHILIA HEALTH SERVICES X Person 6820 CHARLOTTE PIKE Payroll 18,760 Noncash TN 37209 NASHVILLE (Complete Part II if there is a noncash contribution ) (b) (c) (d) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. X 5 BELLEVUE VOLUNTEER FIRE DEPARTMENT Person ONE BELLE MEADE PLACE Payroll 7,000 4400 HARDING ROAD Noncash TN 37205 NASHVILLE (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 6 YEAR UP X Person 93 SUMMER STREET Payroll 19,500 Noncash BOSTON MA 02110 (Complete Part II if there is a noncash contribution.)

033700 American Educational Assistance

Federal Statements

06-1688758 FYE: 12/31/2009

Statement 2 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
98% CASH IS USED FOR SCHOLARSHIPS	59,170
TOTAL	59,170

11/5/2010 8:52 AM

Form **8868** (Rev. April 2009)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870. group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Employer identification number Name of Exempt Organization Type or AMERICAN EDUCATIONAL ASSISTANCE print FOUNDATION 06-1688758 File by the due date for Number, street, and room or suite no. If a P O box, see instructions filing your PO BOX 158544 return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions TN 37215 NASHVILLE Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 990-PF Form 1041-A Form 8870 The books are in the care of ▶ MICHAEL SHARPE FAX No ▶ Telephone No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2009 tax year beginning , and ending If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions Form **8868** (Rev 4-2009) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)									Р	Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									<b>&gt;</b>	·X		
Not	te. Only co	mplete Part II if you hav	re already been granted a	an automatic 3-month	extension on a	previ	ously filed Forn	n 8868				
•	If you are	filing for an Automatic	3-Month Extension, cor	nplete only Part I (o	n page 1)							
_P	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).											
Тур	pe or Name of Exempt Organization						j j	Employer identification			:r	
print		AMERICAN EDUCATIONAL ASSISTANCE										
File by the extended		FOUNDATION					-	06-1688758				
		Number, street, and room or suite no. If a P.O. box, see instructions					' -	For IRS use only				
due date for filing the		PO BOX 158544					-					
return See		City, town or post office, state, and ZIP code For a foreign address, see instructions							•		- '	
instructions		NASHVILLE TN 37215								, , , ,		
Che	ck type of	return to be filed (File	a separate application for	or each return)	_	_						
Form 99		0-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720						Form 6069 Form 8870				
	Form 990		Form 990-T (trust other				rm 5227					
STO	P! Do not		were not already grant		onth extensio	n on a	a previously fil	led Forn	8868.			
• -	The books	are in the care of 🕨	MICHAEL SHAF	RPE								
Telephone No ► FAX No ►												
If the organization does not have an office or place of business in the United States, check this box												
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)												
or the whole group, check this box  If it is for part of the group, check this box  and attach a												
ıst w			nbers the extension is for									
4	I request an additional 3-month extension of time until 11/15/10											
5												
6	If this tax	year is for less than 12 i	months, check reason	Initial return	Final retur	rn	Change in	accoun	ling period			
7		etail why you need the e										
			IS REQUESTED	TO GATHER	INFORMA	TIC	ON TO PR	EPAR	E A CO	MPLETE		
	AND ACCURATE RETURN.											
8a	If this app	lication is for Form 990-	BL, 990-PF, 990-T, 4720	), or 6069, enter the t	entative tax,							
	less any n	onrefundable credits S	ee instructions					8a	\$			
b	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any											
	amount paid previously with Form 8868						8ь	\$				
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit											
	with FTD o	coupon or, if required, b	y using EFTPS (Electron			e inst	ructions	8c	\$			
			5	Signature and V	erification							
nder	penalties of p	perjury, I declare that I have	examined this form, including	g accompanying schedul	es and statements	, and t	o the best of my k	nowledge	and belief,			
ıs tru	ie, correct, ai <i>l</i>	not complete, and that I am a	authorized to prepare this form	Π	0 10:0						_	
	, ,	MILL VVING	tto maro	7.0. k	CPB				L	00/19/	10	

Form **8868** (Rev 4-2009)