

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED DEC 0 7 2017.

Form 990-PF

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public inspection

Fo	r <u>c</u> alend	dar year 2016 or tax year beginning ,	and ending				
	lame of for				A Emple	oyer identification number	
		ICAN EDUCATIONAL ASSISTANCE					
_		DATION	· · ·			-1688758	
		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instruction:	s)
_		MURFREESBORO RD STE 800  n, state or province, country, and ZIP or foreign postal code	L		01	5-627-3841	
		VILLE TN 37217			C If exe	mption application is pending,	check here
_			ım of a former public ch	nariby	D 1. Fo	oreign organizations, check he	ore D
	OHOOK	Final return Amended	•	iditty			_
		Address change Name ch			1	oreign organizations meeting t i% test, check here and attach	
_	Chasle		_ <del></del>			·	· · ·
		type of organization: X Section 501(c)(3) exempt private				ate foundation status was terr in 507(b)(1)(A), check here	ninated under
			ole private foundation  Cash X Acc		-		
		rket value of all assets at vear (from Part II, col. (c),	Cash X Acc	ruai		foundation is in a 60-month te section 507(b)(1)(B), check h	. 1 (
	line 16)		the on each bears				
	art I	Analysis of Revenue and Expenses (The total of				T	(d) Disbursements
	wit.	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for chantable purposes
_		the amounts in column (a) (see instructions) )	books			income	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	733,986			`	. ,,
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B					***************************************
	3	Interest on savings and temporary cash investments	82		82	82	
	4	Dividends and interest from securities					
	5a	Gross rents					, , , , , , , , , , , , , , , , , , ,
4	2   b	Net rental income or (loss)		***************************************			
2	6a	Net gain or (loss) from sale of assets not on line 10				<i>'</i>	
Revenue	b _b	Gross sales price for all assets on line 6a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	· 1	Capital gain net income (from Part IV, line 2)			0	<del> </del>	
	8	Net short-term capital gain			***************************************	0	
	9 10a	Income modifications			·····		
	b	Gross sales less returns and allowances  Less Cost of goods sold					
	6	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	734,068		82	82	
	. 13	Compensation of officers, directors, trustees, etc.	0				
ď	14	Other employee salanes and wages					
Session	15	Pension plans, employee benefits					
_	. I 16a	Legal fees (attach schedule)					-
Ę	, b	Accounting fees (attach schedule)					
	C	Other professional fees (attach schedule)				RECEIVE	
1	17	Interest					
٦	18	Taxes (attach schedule) (see instructions) STMT 1	3		<u> </u>	NOV 2 0 201	, [ŏ]
 E	19	Depreciation (attach schedule) and depletion				{	
_ T	20	Occupancy				The same of the sa	1847
and Administrative	21	Travel, conferences, and meetings				OGUEN.	1 5 1
		Printing and publications		-			
<u>ו</u>	23	Other expenses (att sch )					
operating	24	Total operating and administrative expenses.	,		^	0	_
ğ	2 2	Add lines 13 through 23 Contributions, orfits, grants paid SEE STATEMENT 2	807,564	7	0	0	807,564
č	25		807,564	<del> </del>	0	0	1
_	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	807,307	ļ		<b></b>	307,304
	a a	Excess of revenue over expenses and disbursements	-73,499				
	b	Net investment income (if negative, enter -0-)	, , , , , ,	<del></del>	82		
	C	Adjusted net income (if negative, enter -0-)	*	11		82	<u> </u>
_	_					·	

For	ու 990	PF'(2016) AMERICAN EDUCATIONAL ASSISTAN	NCE	06-16887	58	Page 2		
٠.٢	Part II. Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.)			Beginning of year	End o	End of year		
	ráir i	should be for end-of-year amounts only (See instructions	3)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	1	Cash – non-interest-bearing		92,932	68,724	68,724		
ł	2	Savings and temporary cash investments				<u></u>		
	3	Accounts receivable ▶	709	S	shaadaaaadaaaaaa d	لينسين سيستنسن		
1		Less: allowance for doubtful accounts ▶		50,000	709	709		
1	4	Pledges receivable ▶			Ghinnia an anastaid			
1		Less: allowance for doubtful accounts ▶						
-	5	Grants receivable						
1	6	Receivables due from officers, directors, trustees, and other						
-		disqualified persons (attach schedule) (see				ļ		
1		instructions)		***************************************				
	7	Other notes and loans receivable (att. schedule)	_		eni mene haen	in a mimerca e		
l		Less: allowance for doubtful accounts ▶	0					
2	8	Inventories for sale or use			<u>.</u>	<del></del>		
ssets	9	Prepaid expenses and deferred charges						
A	10a	Investments – U S and state government obligations (attach schedule)						
1	b	Investments – corporate stock (attach schedule)						
	С	Investments – corporate bonds (attach schedule)						
Ţ	11	Investments – land, buildings, and equipment basis ▶			,	1, ,		
ı		Less accumulated depreciation (attach sch.)						
	12	Investments – mortgage loans				<u> </u>		
-	13	Investments – other (attach schedule)						
	14	Land, buildings, and equipment basis						
-		Less accumulated depreciation (attach sch.)						
	15	Other assets (describe ▶	)					
	16	Total assets (to be completed by all filers – see the						
-		instructions Also, see page 1, item I)		142,932	69,433	69,433		
٦	17	Accounts payable and accrued expenses		3,300	3,300	)		
	18	Grants payable						
es	19	Deferred revenue				_		
≣∣	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable (attach schedule)						
긔	22	Other liabilities (describe	)					
	23	Total liabilities (add lines 17 through 22)		3,300	3,300			
٦		Foundations that follow SFAS 117, check here	► X					
S		and complete lines 24 through 26 and lines 30 and 31.			ł			
힏	24	Unrestricted			66,133	3		
팀	25	Temporarily restricted		139,632				
ŏ	26	Permanently restricted				]		
밀		Foundations that do not follow SFAS 117, check here	▶ □			1		
ᄑ		and complete lines 27 through 31.						
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds				_		
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				]		
SS	29	Retained earnings, accumulated income, endowment, or other funds						
it A	30	Total net assets or fund balances (see instructions)		139,632	66,13	3		
ž	31	Total liabilities and net assets/fund balances (see				7		
		instructions)		142,932	69,43	3 .		
	Part		nces					
		al net assets or fund balances at beginning of year – Part II, column (a), I		ust agree with				
		-of-year figure reported on prior year's return)	•	-	1	139,632		
2		er amount from Part I, line 27a			2	-73,499		
		er increases not included in line 2 (itemize)			3			
		lines 1, 2, and 3			4	66,133		
		reases not included in line 2 (itemize)			5			
		al net assets or fund balances at end of year (line 4 minus line 5) – Part I	II, column	(b), line 30	6	66,133		
_						000 DE		

*******************	EDUCATIONAL ASSIST		00-1088/28		Page 3
Part IV Capital Gains and	I Losses for Tax on Investme	nt Income	<del>,</del>		<del></del>
	the kind(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs. MLC Co.)		(b) How scquired P – Purchase	(c) Date acq (mo , day,	
1a N/A	industry of Continuer Stock, 200 this titled Cory		D - Donation	(11.0 ; 00);	(   Gay(.), /
b	<del></del>	<u> </u>	<del></del>		
C					
d					
е					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	,	other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
b					
С					
d					
Complete only for coacte showing	roup in column (b) and oursed by the fe	undation on 12/21/6	<u> </u>	<del></del>	
Complete only for assets snowing (	gain in column (h) and owned by the fo				ains (Col. (h) gain minus ), but not less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		Losses (from col (h))
a					
b					
d		·			
e		<del></del>			
	If gain, also enter in	Part I, line 7			
2 Capital gain net income or (net cap	If (loss), enter -0- in I	Part I, line 7		2	
3 Net short-term capital gain or (loss	) as defined in sections 1222(5) and (6	)			
	olumn (c) (see instructions). If (loss), e	enter -0- in			
Part I, line 8		<del></del>		3	
	ler Section 4940(e) for Reduc			me	
For optional use by domestic private to	oundations subject to the section 4940	(a) tax on net invest	tment income )		
f section 4940(d)(2) applies, leave this	part blank.				
Was the foundation liable for the section	n 4942 tax on the distributable amount	t of any year in the	base peпod?		Yes X No
f "Yes," the foundation does not qualify	under section 4940(e) Do not comple	ete this part			
1 Enter the appropriate amount in ea	ch column for each year, see the instru	uctions before maki	ing any entries		
(a) Base penod years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions		e of nonchantable-use asset		(col_(b) divided by col_(c))
2015		,950		702	160.461242
2014	1,362	,052		533	259.609872 26.843359
2013 2012		,174		254	268.081340
2011		,628		526	146.940537
		<u>,                                    </u>			
2 Total of line 1, column (d)				2	861.936350
3 Average distribution ratio for the 5-	year base period – divide the total on li	ine 2 by 5, or by the	•		
number of years the foundation ha	s been in existence if less than 5 years	•		3	172.387270
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X, line	: 5		4	3,515
5 Malland L. Al. Land				أيا	605,941
5 Multiply line 4 by line 3				5	003,341
6 Enter 1% of net investment income	(1% of Part Lline 27h)			6	_ 1
E.M. 170 Of the time sufferit (HOOM)	2 (170 OF 1 dit 1, mile 210)				
7 Add lines 5 and 6				7	605,942
-					
8 Enter qualifying distributions from	Part XII, line 4			8	807,564
	line 7, check the box in Part VI, line 1b	, and complete that	t part using a 1% tax r	ate. See the	
Part VI instructions			_		

Form	990-PF (2016) AMERICAN EDUCATIONAL ASSISTANCE 06-1688758				Pa	age 4
Pa	rt.VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	19.18	<b>}</b>		(1) (A) (A)	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			```. 	, 6 	أسسا
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				1
	here ▶ X and enter 1% of Part I, line 27b	8.3	33	1300		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		a			
	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:	/ /	35.5		, , ,	)''3
а	2016 estimated tax payments and 2015 overpayment credited to 2016			•	<i>.</i> ``	^ §
b	Exempt foreign organizations – tax withheld at source 6b					1. 1
C	Tax paid with application for extension of time to file (Form 8868)  6c	J	1.			
d	Backup withholding erroneously withheld 6d	1/				
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				1
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During 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		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					ĺ
	Instructions for the definition)?			1b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					ĺ
	published or distributed by the foundation in connection with the activities					ļ
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					ĺ
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_				ĺ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers.   \$					ĺ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					ĺ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		_	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b_		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	*********	X
	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					<b>'</b>
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6_	<u> </u>	<u> </u>
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 Pa	irt XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see 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					١,
	(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			<i></i>		
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			[		ľ
	complete Part XIV			9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
_	names and addresses			10		<u>x</u>
				om 99	0-PI	(2016)

R	art VII-A Statements Regarding Activities (continued)					
	•		-		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			· '		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			[		i
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tton?		13	X	
	Website address ► N/A		C1F C	27	204	^
14		hone no. 🕨	012-0	<i>41-</i>	304	U
	PO BOX 158544	71D . 4 N	37215	:		
4.5	Located at NASHVILLE TN	ZIP+4 ▶	3/213	,		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	<b>L</b> 1 .	15			
16	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		13		Yes	No
10				16	168	X
	over a bank, securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				L	-
	the foreign country			Ι΄.		
Pa	Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	·		·····	Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_				
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after		E=1			
	termination of government service, if terminating within 90 days)	Yes	X No	/		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regular	tions	/-		•	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		NT / N		•	
_	were not corrected before the first day of the tax year beginning in 2016?		N/A	1c	1	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				I .	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		110			١.
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	<b>▶</b> 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				l	
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			1.	,	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		/-	^	,	
_	foundation had excess business holdings in 2016.)	_	N/A	3b	<b>├</b> ─	<b></b> _
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purpose			4a	<del> </del>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			4	1	
_	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	V 10?		4b	1 90-PF	X F (2016
				rorm 😈	JU-F	ı (∠U10

orm		CAN EDUCATIONAL			<u> 588758</u>		Page <b>6</b>
Рa	rt VIKB Statemer	nts Regarding Activities f	or Which Form 472	20 May Be Re	quired (conti	nued)	
ia	<ul><li>(1) Carry on propaganda,</li><li>(2) Influence the outcome directly or indirectly, a</li></ul>	undation pay or incur any amount or otherwise attempt to influence e of any specific public election (s iny voter registration drive? individual for travel, study, or othe	e legislation (section 494) see section 4955); or to c			es X No	
	section 4945(d)(4)(A)' (5) Provide for any purpor	se other than religious, charitable	e, scientific, literary, or ed			es X No	
b	If any answer is "Yes" to 5	revention of cruelty to children or 5a(1)–(5), did <b>any</b> of the transacti 945 or in a current notice regardin	ons fail to qualify under t			es X No N/A	5b
С	If the answer is "Yes" to q because it maintained exp	a current notice regarding disaste uestion 5a(4), does the foundation penditure responsibility for the grant ment required by Regulations sections.	n claim exemption from ant?	the tax	N/A 🗌 Y	► ∐ es ☐ No	
Sa b	Did the foundation, during on a personal benefit con-	the year, receive any funds, dire	ectly or indirectly, to pay p			es 🗶 No	6b X
		870 ( year, was the foundation a party n receive any proceeds or have a				es X No N/A	7b
		on About Officers, Directo				Paid Employe	es,
, x •	and Contr		,		J , J ,	. ,	•
1 L		trustees, foundation manager	s and their compensati	on (see instruct	ions).		
		(a) Name and address		b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SI	TUART SCOTT	NASHVII	TE D:	RESIDENT			1
94	2 WOODMONT BLVD.	TN 372	04	1.00	0	0	
MI	CHAEL SHARPE	NASHVII	LE S	ECRETARY			I
61	20 MONTCREST DRIVE	TN 372		1.00	0	0	0
DA	AVE YOUNG	NASHVII		XEC DIRECT.			_
	BOX 158544	TN 372		1.00	0	0	
	CKY SHARPE	NASHVII		IRECTOR		_	_
61	120 MONTCREST DRIVE	TN 372		1.00	0]	0	0
2	Compensation of five h "NONE."	ighest-paid employees (other t	han those included on	line 1 – see insti	ructions). If non-		
	(a) Name and address	s of each employee paid more than \$50,000		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NC	ONE						
						_	
							İ

Total number of other employees paid over \$50,000

om'990-PF (20	016) AMERICAN EDUCATIONAL ASSISTANCE	06-1688758	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found	ation Managers, Highly Paid E	
<u>,                                     </u>	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see instru		(-) 0
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MOME			
••••			
			<del></del>
otal number of	f others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical information s other beneficianes served, conferences convened, research papers produced, etc.	uch as the number of	Expenses
1 SCHOI	ARSHIPS AWARDED TO RECIPIENTS AND AD	MINISTERED BY	
	ENATIONAL SCHOLARSHIP & TUITION SERVI		
	-		807,564
2			
3			
4 .			
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2 .			
<u> </u>			
All other program-	related investments. See instructions		
<b>3</b> .			
Tatal Add lane	4 thereigh 2		· · · · · · · · · · · · · · · · · · ·

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

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

Form 990-PF (2016)

10

Analysis of line 9. Excess from 2012 Excess from 2013 Excess from 2014 Excess from 2015 Excess from 2016

DAA

factors:

Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
	any foundation manager or substantial contributor	recipient	contribution	Anount
Name and address (home or business)  a Paid during the year  INTERNATIONAL SCHOLARSHIP 1321 MURFREESBORO RD. NASHVILLE TN 37217	any foundation manager or substantial contributor	recipient	OLARSHIPS	807,564
Total			<b>▶</b> 3a	807,56
b Approved for future payment				
N/A				
			1	
Total			<u>▶ 3b</u>	Form <b>990-PF</b> (201

1 Program service revenue  a	ed by section 512, 513, or 514	
Program service revenue  a b		(-)
ab	(d) Amount	(e) Related or exempt function income
b		(See instructions )
C I I I		
d	<del>-</del>	<u> </u>
e		
g Fees and contracts from government agencies	<del>                                     </del>	
2 Membership dues and assessments		
3 Interest on savings and temporary cash investments		82
4 Dividends and interest from secunties		
5 Net rental income or (loss) from real estate:	4.1	
a Debt-financed property		
b Not debt-financed property	<u> </u>	
6 Net rental income or (loss) from personal property		
7 Other investment income	<del> </del>	
8 Gain or (loss) from sales of assets other than inventory	<del> </del>	
9 Net income or (loss) from special events  0 Green profit or (loss) from special events	<del>                                     </del>	
Gross profit or (loss) from sales of inventory  Other revenue: a	<del> </del>	
1 Other revenue: a	<del> </del>	
b		
d		
е		
2 Subtotal. Add columns (b), (d), and (e)	0	82
Total. Add line 12, columns (b), (d), and (e)	13 _	82
See worksheet in line 13 instructions to verify calculations )		
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpose		
Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contri accomplishment of the foundation's exempt purposes (other than by providing funds for such p		
N/A		
<del></del>		
<del></del>		
1	<u> </u>	
	<del></del>	

104 WOODMONT BLVD STE 120

37205-2311

NASHVILLE, TN

615-279-0088

62-1797916

Firm's EIN 🕨

Phone no

**Use Only** 

Firm's address

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No 1545-0047

**Employer** identification number

2016

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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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, 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, chantable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PAGE 1 OF 2

Page 2

Name of organization

AMERICAN EDUCATIONAL ASSISTANCE

Employer identification number 06-1688758

Part 1: Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

ren Li	: Contributors (See instructions). Use duplicate copies of P	art i ii additional space is ne	eueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALCOA 201 ISABELLA ST PITTSBURGH PA 15212	\$ 262,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COLLEGIATE SPORTS DATA 1321 MURFREESBORO RD NASHVILLE TN 37217	\$ 1,000	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	NATIONAL HERITAGE ACADEMIES 3850 BROADMOOR AVE SE SUITE 201 GRAND RAPIDS MI 49512-3975	\$ 33,805	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
4	MCDONALD'S NATIONAL EMP SCHOLARSHIP 2915 JORIE BLVD OAK BROOK IL 60523	\$ 142,500	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
5	YEAR UP NEW FUTURES 93 SUMMER STREET, 5TH FLOOR BOSTON MA 02110-1203	\$ 8,174	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
6	JIM LESCH 6015 MARTINGALE LANE BRENTWOOD TN 37027	\$ 2,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 2 OF 2

Page 2

Name of organization

Employer identification number 06-1688758

AMERICAN EDUCATIONAL ASSISTANCE

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	GOOGLE, INC - YEAR UP SCHOLARSHIP PO BOX 2050  MOUNTAIN VIEW CA 94042-2050	\$ 25,150	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
8	DIRECT TV 2230 E IMPERIAL HWY EL SEGUNDO CA 90245-3504	\$ 107,663	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
9	TN PROMISE 1321 MURFREESBORO RD, SUITE 800 NASHVILLE TN 37217	\$ 944	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d) Type of contribution
No. 10	Name, address, and ZIP + 4  YEAR UP TREFLER 45 MILK ST, 9TH FLOOR  BOSTON MA 02109-5165	\$ 50,000	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
11	A NOVEL IDEA 609 S RIVERBEND CT NASHVILLE TN 37221	\$ 750	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
12	MULTIPLAN, INC. 1100 WINTER STREET WALTHAM MA 02451	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

033700 American Educational Assistance 06-1688758 **Fede** 

Federal Statements

11/13/2017 9:59 AM Page 2

FYE: 12/31/2016

# Statement 3 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
98% CASH IS USED FOR SCHOLARSHIPS	172,222
TOTAL	172,222