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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	297,939	22	339,006
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	473	24	76
25 Total assets	298,412	25	339,082
26 Total liabilities (describe in Schedule O)	0	26	13,814
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,412	27	325,268

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SUPPORT EDUCATION PROGRAMS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 SEE SCHEDULE O(Grants \$) If this amount includes foreign grants, check here ► 28a 30,619**29 SEE SCHEDULE O**(Grants \$) If this amount includes foreign grants, check here ► 29a 22,962**30 SEE SCHEDULE O**(Grants \$) If this amount includes foreign grants, check here ► 30a 4,500

31 Other program services (describe in Schedule O) See SERVICES

(Grants \$) If this amount includes foreign grants, check here ► 31a 3,790

32 Total program service expenses (add lines 28a through 31a) ► 32 61,871

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV

See 990 OFOV	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
GARY BROOKHART PO BOX 643, AURORA OH 44202	PRESIDENT	2	0	0	0
JAMES LAWYER PO BOX 643, AURORA OH 44202	TREASURER	2	0	0	0
MARTHA MEYER PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
B K HALL PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
KIM BOSWELL PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
LINDA KOVACH PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
BARBARA BROOKHART PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
GENE MOLNAR PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
JOHN SLOE PO BOX 643, AURORA OH 44202	TRUSTEE	2	0	0	0
P FLIP EAVENSON PO BOX 643, Aurora OH 44202	VICE PRESIDENT	2	0	0	0
DEWEY DEWITT PO BOX 643, Aurora OH 44202	TRUSTEE	2	0	0	0
JULIE ALSTON PO BOX 643, Aurora OH 44202	TRUSTEE	0	0	0	0
KATHLEEN NOVAK PO BOX 643, Aurora OH 44202	TRUSTEE	2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities ► **39a**

b Gross receipts, included on line 9, for public use of club facilities ► **39b**

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► **OH**42 a The organization's books are in care of ► **JAMES LAWYER** Telephone no ► **330-998-2185**
Located at ► **PO BOX 643 Aurora, OH** ZIP + 4 ► **44202**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country. ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country. ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
40b	X	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45	X	
45a	X	
46	X	

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47	X	
48	X	
49a	X	
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

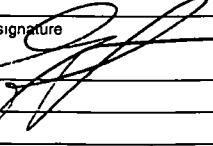
f Total number of other employees paid over \$100,000 ►	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer		Date
	JAMES A. LAWYER TREASURER		1/31/2012
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Gary Lechner CPA		01-28-2012		80126185
	Firm's name ► Gary Lechner CPA		Firm's EIN ►		
Firm's address ► 265 Ironwood Circle					
Aurora OH 44202		Phone no	330-562-6686		

May the IRS discuss this return with the preparer shown above? See Instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

2010

**Open to Public
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 497(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

AURORA SCHOOLS FOUNDATION

Employer identification number

34-1774249

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2010

Part III**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	51,516	50,585	56,452	52,868	60,769	272,190
2 Gross receipts from admissions, merchandise sold or services performed, 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. under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	51,516	50,585	56,452	52,868	60,769	272,190
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						
8 Public support (Subtract line 7c from line 6)						272,190

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	51,516	50,585	56,452	52,868	60,769	272,190
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,058	5,018	6,909	4,149	10,853	29,987
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,058	5,018	6,909	4,149	10,853	29,987
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	54,574	55,603	63,361	57,017	71,622	302,177
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	90.08	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	91.61	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	9.92	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	8.39	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service
Name of the organization

AURORA SCHOOLS FOUNDATION

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010**Open to Public
Inspection**Employer identification number
34-1774249**01. List of grants and similar amounts paid (Part I, line 10)****Activity** GRANTS SCHOLARSHIPS PROGRAM EXPENSE**Amount** 61,871**02. Description of other expenses (Part I, line 16)****Description** **Amount**

MANAGEMENT AND GENERAL 7,470

03. Other changes in net assets or fund balances (Part I, line 20)**Description** **Amount**

UNREALIZED GAIN ON INVESTMENTS 25,025

04. Description of other assets (Part II, line 24)**Beginning****Category** **of Year** **End of Year**

NET FIXED ASSETS 473 76

05. Description of total liabilities (Part II, line 26)**Beginning****Category** **of Year** **End of Year**

DUE ON PROJECTS 0 13,814

06. Other program services (Part III, line 31)**PART III LINE 31 OTHER GRANT AND SCHOLARSHIP EXPENDITURES TO SCHOOL PROGRAMS**

Name of the organization

AURORA SCHOOLS FOUNDATION

Employer identification number

34-1774249

PART III LINE 28 THE AURORA SCHOOLS FOUNDATION PROMOTES EXCELLENCE IN THE YOUTH OF AURORA

BY SUPPORTING AND ENHANCING THE EDUCATION PROGRAMS OF THE AURORA CITY SCHOOLS. OVER 1350

STUDENTS PARTICIPATE IN BAND, CHOIR, ORCHESTRA AND SPORTS.

PART III LINE 29 CONSTRUCTION OF THE LINDA ALLENSPACH COMMUNITY PATIO AT THE AURORA HIGH

SCHOOL FOOTBALL STADIUM.

PART III LINE 30 SCHOLARSHIPS-ELIGIBILITY REQUIREMENTS: A GRADUATING SENIOR OF AURORA

HIGH SCHOOL, A STUDENT WHO IS WELL ROUNDED AND INVOLVED IN ONE OR MORE COMMUNITY/SCHOOL

ACTIVITIES, PLANS TO CONTINUE HIS/HER EDUCATION AT A COLLEGE OR ANY INSTITUTION OF HIGHER

EDUCATION. THE SCHOLARSHIP COMMITTEE SOLICITS NAMES FROM THE AURORA HIGH SCHOOL

ADMINISTRATION, GUIDENCE OFFICE, TEACHERS, ACTIVITY DIRECTORS.

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(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 deferred compensation	(e) Expense account, other allowances
MARY MACDONALD	SECRETARY	2	0	0
PO BOX 643, Aurora OH 44202				