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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-1150

2011

Open to Public  
Inspection

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2011 calendar year, or tax year beginning

07-01, 2011, and ending

06-30, 2012

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization <b>AURORA SCHOOLS FOUNDATION</b>		D Employer identification number <b>34-1774249</b>
Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 643</b>		E Telephone number <b>(330) 998-2185</b>
City or town, state or country, and ZIP + 4 <b>AURORA, OH 44202</b>		F Group Exemption Number ►
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► <a href="http://WWW.AURORASCHOOLSFOUNDATION.ORG">WWW.AURORASCHOOLSFOUNDATION.ORG</a>		
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Check ►  if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **68,742**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances see the instructions for Part ICheck if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	54,604
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	4,557
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	9,581
c Less: direct expenses from gaming and fundraising events	6c	4,609
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,972
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,133
10 Grants and similar amounts paid (list in Schedule O)	10	54,167
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	450
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	6,557
17 Total expenses. Add lines 10 through 16	17	61,174
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,959
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	325,268
20 Other changes in net assets or fund balances (explain in Schedule O)	20	6,451
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	334,678

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

P 14

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Expenses

Assets

**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	339,006	22	339,789
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	76	24	25
25 Total assets	339,082	25	339,814
26 Total liabilities (describe in Schedule O)	13,814	26	5,135
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	325,268	27	334,679

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 28,137**29 SEE SCHEDULE O**(Grants \$  ) If this amount includes foreign grants, check here ►  29a 15,772**30 SEE SCHEDULE O**(Grants \$  ) If this amount includes foreign grants, check here ►  30a 3,00031 Other program services (describe in Schedule O)  See SERVICES(Grants \$  ) If this amount includes foreign grants, check here ►  31a 7,25832 Total program service expenses (add lines 28a through 31a)  32 54,167**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 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter 0)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
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
SHEILA BEST 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
PEGGY CARR PO BOX 643, Aurora OH 44202	TRUSTEE 2	0	0	0
KATHLEEN NOVAK PO BOX 643, Aurora OH 44202	TRUSTEE 2	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . **33**  X

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) . . . . . **34**  X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . **35a**  X

    b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . . **35b**

    c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . **35c**  X

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 . . . . . **36**  X

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

    b Did the organization file **Form 1120-POL** for this year? . . . . . **37b**  X

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? . . . . . **38a**  X

    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 . . . . . **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 ► \_\_\_\_\_ **40b**  X

    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 . . . . . **40e**  X

    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)? . . . . . **42b**  X

        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.? . . . . . **42c**  X

        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 . . . . . **44a**  X

    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 . . . . . **44b**  X

    c Did the organization receive any payments for indoor tanning services during the year? . . . . . **44c**  X

    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 . . . . . **44d**

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . **45a**  X

    b 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) . . . . . **45b**  X

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 . . . . . 

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

47	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

48	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

49a	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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b If "Yes," was the related organization a section 527 organization? . . . . . 

49b	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	(c) Compensation

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	<input type="checkbox"/> Signature of officer  <input type="checkbox"/> Type or print name and title 	Date 11/9/2012
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Paid Preparer Use Only	Print/Type preparer's name Gary Lechner CPA	Preparer's signature 	Date 11-02-2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01206185
	Firm's name ► Gary Lechner CPA			Firm's EIN ►	
	Firm's address ► 265 Ironwood Circle			Phone no	330-562-6686
	Aurora OH 44202				

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**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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)		

(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		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

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Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	50,585	56,452	52,868	60,769	59,576	280,250
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 <b>Total.</b> Add lines 1 through 5 . . . . .	50,585	56,452	52,868	60,769	59,576	280,250
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 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						280,250

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . . . .	50,585	56,452	52,868	60,769	59,576	280,250
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,018	6,909	4,149	10,853	4,557	31,486
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	5,018	6,909	4,149	10,853	4,557	31,486
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	55,603	63,361	57,017	71,622	64,133	311,736

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 ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	89.90	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	90.08	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	10.10	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	9.92	%
19a <b>33 1/3% support tests - 2011.</b> 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 . . . . .			► <input checked="" type="checkbox"/>
b <b>33 1/3% support tests - 2010.</b> 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 . . . . .			► <input type="checkbox"/>
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .			► <input type="checkbox"/>

**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-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**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      **54,167**

**02. Description of other expenses (Part I, line 16)**

Description	Amount
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<b>MANAGEMENT AND GENERAL</b>	<b>6,557</b>
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**03. Other changes in net assets or fund balances (Part I, line 20)**

Description	Amount
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<b>UNREALIZED GAIN ON INVESTMENTS</b>	<b>6,451</b>
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**04. Description of other assets (Part II, line 24)**

Beginning

Category	of Year	End of Year
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<b>NET FIXED ASSETS</b>	<b>76</b>	<b>25</b>
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**05. Description of total liabilities (Part II, line 26)**

Beginning

Category	of Year	End of Year
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<b>DUE ON PROJECTS</b>	<b>13,814</b>	<b>5,135</b>
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**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 1775****STUDENTS PARTICIPATE IN BAND, CHOIR, ORCHESTRA AND SPORTS.****PART III LINE 29 CONSTRUCTION OF THE LINDA ALLENSPACH COMMUNITY PATIO AT THE AURORA HIGH****SCHOOL FOOTBAL STADIUM.****PART III LINE 30 SCHOLARSHIPS-ELIGIBILITY REQUIREMENTS: A GRADUATING SENIOR AT 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 AND 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.**