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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 (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

 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) 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 OCTOBER 1 2011, and ending , 20 SEPTEMBER C Name of organization B Check if applicable D Employer identification number Address change KANEOHE ELEMENTARY SCHOOL OHANA 99-0331077 Name change Number and street (or P O box, if mail is not delivered to street address) Boom/suite E Telephone number Initial return 45-495 KAMEHAMEHA HIGHWAY 808-266-5633 Terminated City or town, state or country and ZIP + 4 F Group Exemption Amended return KANEOHE, HI 96744 Number > Application pending G Accounting Method H Check ► if the organization is not √ Cash ☐ Accrual Other (specify) ▶ I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF)) ◀ (insert no) ☐ 4947(a)(1) or **527** if the organization is not a section 509(a)(3) supporting organization or a 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 100,205 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 Contributions, gifts, grants, and similar amounts received 6,125 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 11 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) С 5c Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 94.069 Less. direct expenses from gaming and fundraising events 43,651 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 50,418 Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 56.554 2 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Ж 12 Salaries, other compensation, and employee benefits 0 3 2013 Q. 13 12,768 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage and shipping 16 Other expenses (describe in Schedule O) 27,503 17 Total expenses. Add lines 10 through 16 40,271 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 16,283 Net Asset 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 66,937 20

83,220

Form **990-EZ** (2011)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

20

21

Рa	Balance Sheets. (see the instructions	s for Part II)				
	Check if the organization used Schedu	e O to respond to a	ny question in this	Part II .		. 🔲
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	•	Ĺ	66,937	! !	83,220
23	Land and buildings .				23	·
24	Other assets (describe in Schedule O)		. [24	
25	Total assets		<u>[</u>	66,937		83,220
26	Total liabilities (describe in Schedule O)	(D)		0	26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		66,937	27	83,220
Par		• `				Expenses
140	Check if the organization used Schedu					quired for section
	is the organization's primary exempt purpose?	SUPPLEMENT ELEM	•			(c)(3) and 501(c)(4) anizations and section
as m	ribe the organization's program service accomp easured by expenses. In a clear and concise	manner, describe the			494	7(a)(1) trusts, optional others)
	ons benefited, and other relevant information for				<u> </u>	
28	MUSIC PROGRAM - PROVIDES RESOURCES TO H		·			
	APPROX 600 STUDENTS PARTICIPATE AND BENE		RAM THAT INCLUDE	S SEVERAL		
	STUDENT PERFORMANCES THROUGHOUT THE S					
		it includes foreign gra		<u> </u>	28a	12,988
29	TEACHER AND STAFF SUPPORT - PROVIDES RES					
	LIBRARY AND OTHER MATERIALS USED BY TEACH		PPROX 600 STUDEN	IIS BENEFII		
	FROM THE RESOURCES MADE AVAILABLE TO TE					
		t includes foreign gra		· · • <u>• </u>	298	10,422
30	STUDENT SUPPORT - PROVIDES RESOURCES FO					
	SUBSCRIPTIONS, SUPPLIES AND ACTIVITIES TO		·			
	EDUCATIONAL PROGRAMS IN THE CLASSRM AI			RESOURCES		
04		t includes foreign gra	ints, check here	▶ ⊔	30a	5,775
31	Other program services (describe in Schedule O)				٠.	
22	(Grants \$) If this amour Total program service expenses (add lines 28a	t includes foreign gra	ints, check here		31a	
Pan					32	
	List of Officers, Directors, Trustees, and Ko Check if the organization used Schedul				nstru	ictions for Part IV)
	Check if the organization used Schedul		(c) Reportable	(d) Health benefits,		· · · <u>U</u>
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	(Estimated amount of other compensation
JULI	E MIJO	PRESIDENT - 5				
45-49	5 KAMEHAMEHA HWY, KANEOHE, HI 96744	HRS / WEEK	0		0	0
RAE	YOSHIDA	VP - 5 HRS / WEEK				
45-49	5 KAMEHAMEHA HWY, KANEOHE, HI 96744		0		0	0
DIAN	E FUJINAKA	SECRETARY - 5			T	
45-49	5 KAMEHAMEHA HWY, KANEOHE, HJ 96744	HRS / WEEK	0		0	0
MAR	LA TAKATA	TREASURER - 5				
45-49	5 KAMEHAMEHA HWY, KANEOHE, HI 96744	HRS / WEEK	0		0	0
					ł	
]	i			
						
					\perp	
					4_	
		I				
					\neg	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No
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	163	\
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		✓
35a	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		1
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		
С	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		1
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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? [180]	38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	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	40b		✓
С	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			
е	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	40e		√
41	List the states with which a copy of this return is filed ► HAWAII			
42a		808-74	1-1893	3
	Located at ► 1561 KANUNU STREET, #1401, HONOLULU, HI ZIP + 4 ►	968		
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	Yes	
	If "Yes," enter the name of the foreign country	420		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country	42c		✓
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		J	\
	440		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
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		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	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		✓

Form 9	, 90-EZ (2011)						F	age 4
	· · · · · · · · · · · · · · · · · · ·						Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"			on behalf of o	r in opposition	46		1
Part		•		pt charitable	trusts only.	1	ction	<u> </u>
	501(c)(3) organizations and sect			trusts must a	answer quest	ions 4	7–49	b
	and 52, and complete the table			5				_
	Check if the organization used So	chedule O to respond	to any question	in this Part VI		• •	14	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) ele	ction in effect	during the tax		Yes	No
48	Is the organization a school as described		u)? If "Ves " comple	eta Schadula E		47		\ \ \ /
49a	Did the organization make any transfers				•	49a		1
b	If "Yes," was the related organization a s		-			49b	†	-
50	Complete this table for the organization' employees) who each received more that							
	employees) who each received more that			(d) Health		inter i	vone	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	compensation	compensation contributions to employee (e)			ed amou npensat	
NONE								
		-		:				
f	Total number of other employees paid or	ver \$100,000	► NC	ONE				
51	Complete this table for the organization \$100,000 of compensation from the org			ent contractors	who each re	ceived	more	thar
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of	service	(c) Cor	npensat	on	••
NONE								
			-					
						•		
			-					
d	Total number of other independent contr	actors each receiving	over \$100,000	•	NONE		-	
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note All section 5	01(c)(3) organizatio	ons and 4947(a		✓ Yes		1 0
	penalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other that					edge an	d belief,	ıt ıs
Cia-					7/9/10			
Sign Here	JULIE MILA PRESIDENT			Date	· •			
	Type or print name and title	Dranasata		D-4-		DTIL		
Paid Pren	Print/Type preparer's name	Preparer's signature	i	Date	Check if self-employed	PTIN		

Preparer

Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's ElN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of t Internal Revenu		► At	ttach to Form 990 or Fo	orm 990-E	Z. ▶See	separate	instructio	ns.		Inspe	ection	
Name of the o	-			,				Employer ı	dentificatio			
		RY SCHOOL OHAI								331077		
Part I			rity Status (All orga						instruction	ons.		
1	church, con school desc hospital or a medical resc	vention of churc cribed in section a cooperative ho	ation because it is (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunce	f churche ch Sched ation des	s describ lule E) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)((A)(iii).)(iii). Ente	r the	
		on operated for on (Com	the benefit of a colle plete Part II)	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit d	escrib	ed ir
7 🗌 Ar	n organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Pa	al part of					nıt or fror	n the ger	neral p	oldu
9	n organizatio ceipts from ipport from	on that normally activities related gross investme	n section 170(b)(1)(A receives (1) more that d to its exempt funct ent income and unre fter June 30, 1975 Si	an 33⅓3% tions—su lated bu	% of its sibject to o siness ta	upport fro certain e xable ind	xceptions	s, and (2 ss sectio) no mor	e than 33	31/3%	of its
11	organization organ	on organized are one or more pub ock the box that o	operated exclusively ad operated exclusively colorly supported organishes the type of	ely for th nizations supportii	ne benefi describe ng organi:	t of, to d in sect zation an	perform ion 509(a d comple	the function (1) or se	tions of, ection 50 11e throu	9(a)(2). S gh 11h	ee se	ction
e ☐ By otl		indation manage	that the organization ers and other than on	is not co		directly or	rındırectl		or more		ed per	rsons
org	ganization, d	check this box	a written determination acce							oe III sup	portin	g
fol	llowing pers	ons?	ndirectly controls, eith					-		nd	Yes	No
(1)			ody of the supported						(,	11g(i)		
			on described in (i) abo							11g(n)		
		•	a person described in				•			11g(m)	<u></u>	
(ı) Name ol	f supported ization	(II) EIN	on about the support (III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o		the organ	rou notify nization in of your port?	organizat (i) organi	is the tion in col ized in the S ?		mount o pport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)											<u></u>	
(D)												
(E)												
				1	Į į		l	l				

Page 2

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

Secti	on A. Public Support						
Calen	idar 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")			·			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for th organization, check this box and stop her	e organization	,	d, third, fourth	, or fifth tax ye	12 ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2011 (line 6	S, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organiz				l line 14 is 331.	3% or more, cl	neck this
b	box and stop here. The organization qualifies as a publicly supported organization .						
17a	a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization me Explain in Part IV how the organization me supported organization	ion meets the	"facts-and-cir	cumstances"	test, check th	is box and sto	publicly
18	Private foundation. If the organization did instructions	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, checl	this box and	see

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)

Secti	on A. Public Support						-1
Calen	dar 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 ")	31,258	33,690	29,584	34,782	6,125	135,439
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.	217,669	74,013	49,187	41,725	94,069	476,663
3	Gross receipts from activities that are not an unrelated trade or business under section 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	248,927	107,703	78,771	76,507	100,194	612,102
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		į	:			
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						612,102
Secti	on B. Total Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	248,927	107,703	78,771	76,507	100,194	612,102
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	645	185	231	78	11	1,150
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	645	185	231	78	11.	1,150
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)	249,572	107,888	79,003	76,585	100,205	613,253
14	First five years. If the Form 990 is for the organization, check this box and stop her	'e		d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3) ▶ □
	on C. Computation of Public Suppor					7 7	
15	Public support percentage for 2011 (line 8			3, column (f))		15	99 8 %
16 Socti	Public support percentage from 2010 Sch					16	996 %
17	on D. Computation of Investment Inc			ulung 12. galum	(f)\	17	0.2.0/
18	Investment income percentage for 2011 (I Investment income percentage from 2010		•	riirie 13, COIUM	111 (1))	17	02 %
19a	331/3% support tests—2011. If the organi	·	•	on line 14 an	d line 15 is m		
100	17 is not more than 331/3%, check this box a						
b	331/3% support tests – 2010. If the organization 18 is not more than 331/3%, check this b	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization did		_			•	

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).
	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization	Employer identification number
KANEOHE ELEMENTARY SCHOOL OHANA	99-0331077
FORM 990EZ, PART I, LINE 16 OTHER EXPENSES	
AMOUNT REPRESENTS PROGRAM COSTS (SEE FORM 990, PART III) AND ADMINISTRATIVE EXPEN	SES NOT REPORTED ON LINE 13
FORM 990EZ, PART III, LINE 31	
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - OTHER PROGRAM SERVICES	
\$5,295 - ONLINE SUBSCRIPTIONS - ANNUAL SUBSCRIPTIONS THAT SUPPORT SCHOOL-WIDE ONLI	NE LEARNING PROGRAMS APPROX
600 STUDENTS USE AND BENEFIT FROM USE OF ONLINE EDUCATIONAL LEARNING WEBSITES	
\$3,474 - STUDENT REWARDS/TEACHER APPRECIATION - PROVIDES RESOURCES TO REWARD STU	JDENTS THAT DISPLAY GOOD
CITIZENSHIP, SCHOOL SERVICE, ACADEMIC ACHIEVEMENT AND ATHLETIC PARTICIPATION REW	ARDS ENCOURAGE RESPONSIBILITY,
PARTICIPATION AND ACHIEVEMENT RESOURCES ALSO PROVIDE EXPRESSIONS OF APPRECIAT	ON FOR TEACHERS AND STAFF
······	
	•

Scriedule O (F0111 990 01 990-E2) (2011)	ŗ	aye Z
Name of the organization	Employer identification number	
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