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# Form. 990-EZ

Department of the Treasury

Internal Revenue Service

### **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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total

assets less than \$1,250,000 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

OMB No 1545-1150

Open to Public Inspection

А	For the	2009 calendar year, or tax year beginning JULY UI	, 2009, and	enaing J	UNE 3	0, 2010
В		plicable Please C Name of organization			D Emp	loyer identification number
L	Addres change				l	
	Name	thange print or EASTERN WORKFORCE OPPORTUNITY REGION.		55-0	773650	
	Initial r		/suite	E Tele	phone number	
Γ	Termin	Specific 316 EASTERN DRIVE, P.O. BOX 59		(304	) 434-8000	
	Amend retum	Instruc- City or town, state or country, and ZIP + 4			F Grou	p Exemption
	Applica					ber · · · ►
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must a	nttach	G Accounti	ng metho	od Cash X Accrual
		a completed Schedule A (Form 990 or 990-EZ).		Other (sp	ecify) 🕨	·
				H Check ▶	X If	the organization is <b>not</b>
1.3	Nebsit	e: <b>&gt;</b>		required	to attach	Schedule B (Form 990,
		mpt status (check only one) - X   501(c) ( 3 ) ◀ (insert no ) 4947(a)(	1) or 527	990-EZ, c	r 990-PF	· ')
	Check •		·	ts are norma	lly not m	ore than \$25,000 A
		0-EZ or Form 990 return is not required, but if the organization chooses to file	-		•	
		5b, 6b, and 7b, to line 9 to determine gross receipts if \$500,000 or more, file Form 990				
_		Revenue, Expenses, and Changes in Net Assets or Fund				ons for Part I )
	1	Contributions, gifts, grants, and similar amounts received			1	3.13 131 1 4111 7
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4				4	
	1 1	Investment income  Gross amount from sale of assets other than inventory  5a		••••		·····
	1		· · · · · · · · · · · · · · · · · · ·			
		Less cost or other basis and sales expenses	uno 60)		5 c	
ā	1 -			1 1 1	30	
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming		· —		
ě	а	Gross revenue (not including \$ of contribution reported on line 1) 6a	is		-	
œ		Topolica on mis 1/			1	
	1	Lead direct experience cities than fall and general			6c	
	r	Net income or (loss) from special events and activities (Subtract line 6b from	iine ba)	• • • • •	80	
	1	Gross sales of inventory, less returns and allowances	EOGN/EE			
	1	- I	ECEIVED		7.	
=	ł	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).		78t;t	7c 8	
07	8	Other revenue (describe	C 0 6 2010			
ræ—	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	Pala	·   5	9	
0	10	Grants and similar amounts paid (attach schedule)  Benefits paid to or for members	THE STATE OF THE S	_ો <u>જ</u> [ ∣	10	
z	11			[ ]	11	<del></del>
JA	12	Salaries, other compensation, and employee benefits $\dots \dots \dots$			12	
Sugar Sugar	13	Professional fees and other payments to independent contractors			13	
∭ Š	14	Occupancy, rent, utilities, and maintenance			14	
SCANNED Expens	15	Printing, publications, postage, and shipping			15	10.040
<b>₹</b>	16	Other expenses (describe PROFESSIONAL FEES & DEPRECIA		1	16	18,940
<u>ಭ_</u>	17	Total expenses. Add lines 10 through 16			17	18,940
တ္သ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-18,940
Net Assets	19	Net-assets or-fund-balances-at beginning-of year-(from-line 27-column-(A)) (	must agree with	<i></i>	-	
As		end-of-year figure reported on prior year's return)			19	46,045
et	20	Other changes in net assets or fund balances (attach explanation)	. <b></b> .		20	
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	27,105
Pa	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000	0 or more, file For	m 9 <u>90 inste</u>	d of For	m 990-EZ
		(See the instructions for Part II )	(A) Beginnii	ng of year	<u> </u>	(B) End of year
22	Cash	, savings, and investments		15,31	5 22	14,811
23		•			23	<u> </u>
24	Other	and buildings EQUIPMENT		30,73		12,294
25		· · · · · · · · · · · · · · · · · · ·		46,04		27,105
26	Tota	l liabilities (describe ►ACCOUNTS PAYABLE )			3 26	0
27		assets or fund balances (line 27 of column (B) must agree with line 21)		46,04	5 27	27,105

1 dim 550-E2 (2003)					Page ∡
Part III. Statement of Program Service Accomplishm	ents (See the instruct	ons for Part III)		Exp	penses
What is the organization's primary exempt purpose? FACILITAT	E R&D GRANTS			(Required	for section and 501(c)(4)
Describe what was achieved in carrying out the organization's ex		and concise manne	er.	organizatio	ons and section
describe the services provided, the number of persons benefited, and	other relevant information	for each program titl	e	4947(a)(1) for others)	trusts, optional
28 TO FACILITATE RESEARCH AND DEVELOPMENT	GRANTS FOR EASTE	RN COMMINITY	-	1	<del></del> -
AND TECHNICAL COLLEGE AND ASSIST IN TRA			<del>-</del>		
THE INCINION CONDUCT AND ADDITION IN	INING AND EDUCAT	TON ACTIVITIE	<u>3</u> .	]	
			<b>⊸</b> i		
	es foreign grants, check her	e <b>▶</b>	28a		18,940
29			_		
					4
(Grants \$ ) If this amount includ	es foreign grants, check her	e	29a	İ	
30	3 3 - 10, 0 0 0 0 0		11234		<del></del>
			<b>-</b>		
		<del></del>	<u> </u>		
			<b>⊸</b> l		
(Grants \$ ) If this amount includ	es foreign grants, check her	e ▶	30a		
31 Other program services (attach schedule)			<u></u>		
(Grants \$ ) If this amount includ	es foreign grants, check her	e ▶	31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		18,940
Part IV List of Officers, Directors, Trustees, and Key Empl				structions	
	<del> </del>	(c) Compensation		ributions to	(e) Expense
(a) Name and address	(b) Title and average hours per week	i (if not paid,	employee b	enefit plans &	l account and
OHDDDY HAMMO	devoted to position	enter -0)	deferred c	ompensation	other allowances
SHERRY WATTS	PRESIDENT	_			,
HC 59, BOX 199B		0		0	(
GROVER DULING	VICE-PRESIDENT				
HC 72, BOX 7200, SCHERR, WV 26726		0		0	(
AMY CRITES	SECRETARY				
RR 2, BOX 44H, BURLINGTON, WV 26710	7	o		0	
PENNY REARDON	TREASURER				
8551 FRANK LANE ROAD, SINGERS GLEN, VA		o		0	
6551 FRANK LANE KOAD, SINGERS GLEN, VA		- 0			
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Part '	Other Information (Note the statement requirements in the instructions for Part V)	_		age 3
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		. 9	- 1
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	<b>1</b>	· · ·	.
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		<sub> </sub>	1
	6033(e) notice, reporting, and proxy tax requirements?	35a	-	х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a			. 1	
	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 period covered by this return?		37.44	¥¥∮ X
b	remain and the second s	38a	77	<u> </u>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	1924.27.53			
a	Initiation fees and capital contributions included on line 9	1		, > 5
	Gross receipts, included on line 9, for public use of club facilities			-
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			, Š į
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		1779	
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		_X_
	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,		1	
	4955, and 4958	**	12	]
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	15 (3)		k fire l
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed >	,		
	The organization's books are in care of ▶ TRINA BRANSON-EWVC&TC Telephone no ▶ (304) 43	4-80	00	·
	Located at MOOREFIELD WV 26836		·	••••
	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	ſ	Yes	No
	•	42b		X
	account)?	*20		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank	(1)		
	see the instructions for exceptions and filing requirements for Form 1D F 90-22.1, Report of Foreing Bank and Financial Accounts.	44.65		[ آ
		\$5.45E		ا جيگ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country ▶			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	• • • •	▶	ليا
;	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		J	
	Form 990-EZ	44	** ## ***	X
45 I	ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	استنده	, Х
	TOB. TOTAL CONTINUE DO COMPLETO MICEOU DE L'UNITED DE LA CALLA LA CALLA	, 70		

Part V	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and complete the tables for lines 50 and 51	ns 46	tion 49b	)
	id the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	[ ]	Yes	No
С	andidates for public office? If "Yes," complete Schedule C, Part I	46		Х
47	id the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		Х
48 is	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E [	48		X
49a E		49a		* X
b If		49b		
	omplete this table for the organization's five highest compensated employees (other than officers, directors, ti mployees) who each received more than \$100,000 of compensation from the organization. If there is none, ente			d key
	(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		xpens unt ar illowa	nd
NONE				
		, —		
				`
<b>51</b> C	otal number of other employees paid over \$100,000 ▶  complete this table for the organization's five highest compensated independent contractors who each recent 100,000 of compensation from the organization. If there is none, enter "None"	eived r	more	than
NONE	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service	c) Com	pensa	ion
d T	otal number of other independent contractors receiving over \$100,000 ▶		<del>-</del>	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	my know knowle	Medge dge	
Sign Here	Signature of officer J Date Date Date Date Date Date Date Date			
Paid	Preparer's signature Preparer's identifying number of the property of the pro	982		ictions)
Preparei Use Only	Firms name (or R. Thomas CPA & Associates   EIN   20-044			
May the	RS discuss this return with the preparer shown above? See instructions	Ye:		No (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Name of the organization **Employer identification number** EASTERN WORKFORCE OPPORTUNITY REGIONAL CENTER 55-0773650 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in X 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 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 Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 the organization in organization in col in col (i) listed in your support above or IRC section (i) organized in the col (i) of your governing document? (see instructions)) US? support? Yes Yes No Nο Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

	odule A (Form 990 or 990-EZ) 2009  TILL Support Schedule for Or	ganizations D	escribed in S	ections 170(	b)(1)(A)(iv) aı	nd 170(b)(1)(A	Page 2
	(Complete only if you chec	ked the box or	1 line 5, 7, or 8	of Part I)			
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	246,000	0	0	0	0	246,000
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	246,000					246,000
5	The portion of total contributions by each	340	200		3 <sub>6</sub> 2		
•	person (other than a governmental unit or				MAN AND STATE OF THE PARTY OF T		
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	Awaran 19 T		Planta. Al		2. 4.15 (mm. m. m.	
6	Public support. Subtract line 5 from line 4	<b>一种的特别的</b>	"" 对海洋				246,000
Sec	tion B. Total Support				·		
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	246,000					246,000
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)	7,080		0	C	0	7,080
11	Total support. Add lines 7 through 10	1. 12. Ab.	A Frience Control	\$ - 40 12 m	為人神知道	1	253,080
12	Gross receipts from related activities, etc. (					12	177.00
13	First five years. If the Form 990 is to organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					1 1	<u> </u>
14	Public support percentage for 2009 (I	ıne 6, column (f	) divided by line	11, column (f))		14	97.2025%
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	90.1658%
16a	331/3% support test - 2009. If the						e, check
	this box and stop here. The organization						<b>▶</b> [X]
b	331/3% support test - 2008. If the	organization did	inot check a b	ox on line 13	or 16a, and lin	e 15 is 331/3%	or more,
	check this box and stop here. The org	anızatıon qualıfı	ies as a publicly	supported orga	anization		<b>&gt;</b> X
17a	10%-facts-and-circumstances test - 2	2009. If the orga	anization did no	t check a box o	n line 13, 16a c	or 16b, and line 1	4 is 10%

	this box and stop here. The organization qualifies as a publicly supported organization
b	331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test - 2009. 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 test2008If the organization-did not check a-box-on-line-13,-16a,-16b, or 17a,-and line
	15 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
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions .

Schedule A (Form 990 or 990-EZ) 2009

	t III Support Schedule for Orga					_		Page 3
	(Complete only if you check	ed the box on	line 9 of Part I	)				
Sec	tion A. Public Support				1			· · · · · · · · · · · · · · · · · · ·
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include		ŀ					
	any "unusual grants ")	_	-	_				
2	Gross receipts from admissions, merchandise			ł				
	sold or services performed, or facilities			<u> </u>				
	furnished in any activity that is related to the			İ				
	organization's tax-exempt purpose							
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				<del>                                     </del>			
5	The value of services or facilities				1			
	furnished by a governmental unit to the						ļ	
	organization without charge		ļ		· · · · · · · · · · · · · · · · · · ·			
6	Total. Add lines 1 through 5		ļ	<del>  </del>	<del> </del>			
7 a	Amounts included on lines 1, 2, and 3			,	[			
ь	received from disqualified persons Amounts included on lines 2 and 3		<u>.</u>		· · · · · · · · · · · · · · · · · · ·			
	received from other than disqualified.							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1			
	for the year		-					
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from			-			·	
	line 6)		<u></u>	<u> </u>	. <del></del>			1
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
	alendar year (or fiscal year beginning in)	(2) 2005	(5) 2000	(0) 2001	(4) 2000	(0)	2000	(1) 10(01
9	Amounts from line 6	·		<del>                                     </del>				
104	payments received on securities loans,			1				ļ
	rents, royalties and income from similar							
	sources							
b	section 511 taxes) from businesses							
	acquired after June 30, 1975							
_								
	Add lines 10a and 10b					··-		
11	activities not included in line 10b,							
	whether or not the business is regularly							
	carried on		<del></del>	<del>                                     </del>	1			
12	Other income Do not include gain or							İ
	loss from the sale of capital assets (Explain in Part IV)			]				
13	Total support. (Add lines 9, 10c, 11,							-
13	and 12)		•					
14	First five years. If the Form 990 is for	the organization	on's first, second	, third, fourth, o	r fifth tax year a	s a se	ection 501	I(c)(3)
14	organization, check this box and stop here							
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (line 8			ımn (f))		15		0.0000%
16	Public support percentage from 2008 Sch					16		%
	tion D. Computation of Investme							
	Investment income percentage for 2009 (i			13. column (f))		17		0.0000%
17	Investment income percentage from 2008					18		%
18	33 1/3% support tests - 2009. If the c	rganization did	not check the b	ox on line 14, a	nd line 15 is mo	re than	331/3%,	and line
ısa	17 is not more than 33 1/3%, check t	his box and st	op here The or	ganization qualifi	ies as a publicly	suppo	rted orgai	nization 🕨 📗
<b>L</b>	33 1/3% support tests - 2008. If the org	anization did no	ot check a box or	n line 14 or line	19a, and line 16 i	s more	than 331	/3 %, and
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Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Past IV	Supplemental Inform	nation. Complete this b; or Part III, line 12.	part to provide the Provide any other ac	e explanations required to dditional information. See	by Part II, line 10,
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