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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)

(except black lung benefit trust or private foundation)

► 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.

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calenda	ar year, or tax year beginning January 1 , 2011, and ending	9 D	ecember	, 20	11		
B	Check if ap	pplicable	C Name of organization	D Emi	oloyer iden	tification number	f		
	Address o	change	NEVAD GRAND ASSEMBLY INTL ORDER OF RAINBOW FOR GIRLS		88-6003266				
님	Name cha	· 1	Number and street (or P O box, if mail is not delivered to street address) Room/suite E			ber			
빔	Initial retu		316 CALIFORNIA AVE 305		775-	287-7719			
H	Terminate Amended		F Gro	Group Exemption					
ŏ		on pending	mber ▶						
G		ting Method:	✓ Cash	H Check	▶ 🗸 ıf tl	he organization	ıs not		
ı	Websit	te: ▶				h Schedule B			
J	Tax-exen	npt status (che	eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	(Form	990, 990-E	EZ, or 990-PF).			
K	Check •	▶ ☐ If the	e organization is not a section 509(a)(3) supporting organization or a section 527 organiz	ation and	its gross re	eceipts are norr	nally		
	not mor		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)		_	•	-		
	the orga	anization choc	ses to file a return, be sure to file a complete return.	-					
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets (Part II	l,				
ł	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$				
F	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t	he instru	ctions fe	or Part I.)			
		Check if	the organization used Schedule O to respond to any question in this Par	t1			. 🗆		
	1		ons, gifts, grants, and similar amounts received		1		2662.		
	2	Program se	ervice revenue including government fees and contracts		2				
	3	_	ip dues and assessments		3		1246.		
	4	Investment	t income		4		3319.		
	5a	Gross amo	ount from sale of assets other than inventory 5a						
	ь		or other basis and sales expenses		1				
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
	6								
	а	Gross inco							
Revenue	1	\$15,000) .							
en (b	Gross inco	me from fundraising events (not including \$ of contribut	ions	7				
ě			aising events reported on line 1) (attach Schedule G if the		1				
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		1				
	С	Less: direc	t expenses from gaming and fundraising events 6c		7				
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	7				
		line 6c) .			6d				
	7a	Gross sale	s of inventory, less returns and allowances						
).s	Ь	Less: cost	of goods sold		7				
בר (כך בר	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
نڌ	8	Other rever	nue (describe in Schedule O)		8				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	10	7227.		
ā	10	Grants and	similar amounts paid (list in Schedule O)		10		5000.		
n D	11	Benefits pa	aid to or for members		11	7	9572.		
- 8	12	Salaries, of	ther compensation, and employee benefits		12				
2 2	13	Profession	al fees and other payments to independent contractors		13				
့ 💆	14	Occupancy	y, rent, utilities, and maintenance		14				
Expenses	15	Printing, pu	ublications, postage, and shipping		15		1630.		
	16		enses (describe in Schedule O)		16		3887.		
	17	Total expe	enses. Add lines 10 through 16	<u></u> >	17	9	0089.		
_	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	1	7138.		
set	19		or fund balances at beginning of year (from line 27, column (A)) (must ag						
Ass		end-of-yea	r figure reported on prior year's return)		19	8	8125.		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20				
z	21	Net assets	or fund balances at end or reaction lines 18 through 20	▶	21	10)5263.		
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ	(2011)		

OGDEN, UT

Pai	t II	Balance Sheets. (see the instructions	•				
		Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				Ļ	(A) Beginning of year	<u> </u>	(B) End of year
22		h, savings, and investments		[88125.		
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25		al assets			88125.	+	
26		al liabilities (describe in Schedule O)		L	20405	26	
27 Par		assets or fund balances (line 27 of column Statement of Program Service Accom			88125.	27	105263.
rai		Check if the organization used Schedule					Expenses
M/hat	ie the	organization's primary exempt purpose?	O to respond to al	iy question in this	Part III		equired for section 1(c)(3) and 501(c)(4)
		• • • • • • •					ganizations and section
as m	easur	ne organization's program service accomplised by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the				47(a)(1) trusts; optional others.)
28	J113 DC		-		· · · · · · · · · · · · · · · · · · ·	-	. T
20							
		•••••••••••					
	(Gran		includes foreign gra			28	ia
29	10.0	, in this amount				==	-

		••••••					
	(Gran	ts\$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29	a
30	·	,					
	(Gran	ts\$) If this amount	ıncludes foreign gra	nts, check here .	🕨 🗌	30	a
31	Other	program services (describe in Schedule O)					
	(Grant	ts\$) If this amount	includes foreign gra	ints, check here .	▶ 🗀	31	а
		program service expenses (add lines 28a t				3	
Par	i IV	List of Officers, Directors, Trustees, and Key					
		Check if the organization used Schedule	O to respond to ar	y question in this (c) Reportable	Part IV	•	<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 benefit plans, and		e) Estimated amount of other compensation
JULI	E BUC	KMAN-PRESIDENT, BOARD OF DIRECTORS	2 HS				
9861	SNOW	Y CANYON CT, LAS VEGAS, NV 89183		0		0	0.00
SAC	HA HU	YSENRUET-SCC, BOARD OF DIRECTORS	2				•
1813	HILTO	N HEAD DR., BOULDER CITY, NV 89005		<u> </u>)	0	0.00
DEN	IECE C	AMPBELL-TREAS, BOARD OF DIRECTORS	10				
316 (CALIFO	ORNIA AVE #305, RENO, NV 89509		C)	0	0.00
JOA	N E JA	CKA-SUPREME INSPECTOR IN NV IORG	20				
		E MEADOW DR, RENO, NV 89511		C)	0	0.00
		IEE-MEMBER OF THE BOARD	2				
1428	BRON	CO ROAD, BOULDER CITY, NV 89005		9	9	0	0.00
			{				
				<u> </u>		+	
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			1				
						\dashv	<u> </u>
					 	\top	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	<u>s Part</u>	Yes	
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		✓
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		1
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
ь	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		1
37a	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?	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? .	38a	1	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a	<u> </u>	-v
39	Section 501(c)(7) organizations. Enter:	1	1	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1	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 ▶		i	
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		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			<u> </u>
	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		<u>/</u>
41	List the states with which a copy of this return is filed. ▶			
42a	The origination of books are in the original transfer of the original transfer or the original t	775-28		9
	Located at ► 2965 SILVERADO CREEK DRIVE, RENO, NV ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	89	523	Tale
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	No 🗸
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
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			<u> </u>
			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		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓
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)	45h		1

Form 9	90-EZ (2	2011)						ŗ	Page 4
	D:								No
46	to c	the organization engage, directly or in andidates for public office? If "Yes," of the control o	idirectly, in political c complete Schedule (campaign activities C, Part I	on behalf of o	r in oppositi	on 46	1	1
Part		Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	ot charitable	trusts onl	y. All se	ction	1. 🔻
		501(c)(3) organizations and secti and 52, and complete the tables			trusts must a	answer que	estions 4	7–49	b
		Check if the organization used Sch			n this Part VI				
								Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) elec		during the t	tax 47		1
48		e organization a school as described in						<u> </u>	1
49a b		the organization make any transfers to es," was the related organization a se					49a 49b	+	1
50	Com	plete this table for the organization's loyees) who each received more than	five highest comper	nsated employees (other than offi	cers, directo	ors, truste	es ar	
	(a) N	lame 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-MIS	SC) benefit plans,	to employee and deferred	(e) Estimat		
				1	compe	risation			
									
							· .		
			······································						
							-		
f 51	Com	I number of other employees paid over plete this table for the organization' 0,000 of compensation from the orga	s five highest comp	ensated independence, enter "None."	ent contractors	s who each	received	more	tha
(a)	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of	service	(c)	Compensat	ion	
					:				
						:			
				<u> </u>					
			••••	_					
		number of other independent contra	_		.▶				
52	none	he organization complete Schedule A exempt charitable trusts must attach a	a completed Schedu	le A	<u> </u>	<u> </u>	➤ ✓ Yes		No
		s of perjury, I declare that I have examined this rad complete Declaration of preparer (other than					owledge an	id belief	, it is
Sign		Signature of officer	ob ll		Dat	<u>5-/2-/</u> e	<u>ス</u>		
Here			RD TREASURER			-			
Paid Pren	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	f PTIN		

Preparer Use Only

Firm's name

Firm's address

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

NEVADA GRAND ASSEMBLY INTL ORDER OF RAINBOW FOR GIRLS 88-6003266 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 331/3% 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 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.) 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. **b** Type II c Type III-Functionally integrated • 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Νo (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? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your he organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? 1152 (see instructions)) Yes No Yes Yes No (A) **(B)** (C) (D) (E) **Total**

Part II 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	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.")	73282.	55732.	69233.	64205.	103908.	366360.
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	73282.	55732.	69233.	64205.	103908.	366360.
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.			_			366360.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	73282	55732.	69233.	64205.	103908.	366360.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6189.	3139.	2910.	1733.	3319.	17290.
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	's first, second	d, third, fourth,	or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentage	•				
14	Public support percentage for 2011 (line 6					14	95 %
15	Public support percentage from 2010 Sch						95 %
16a	331/3% support test—2011. If the organization qual box and stop here. The organization qual						
b	331/3% support test—2010. If the organicheck this box and stop here. The organi					15 is 33 ¹ / ₈ % (or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstai mstances" tes	nces" test, che t. The organiza	ck this box an	d stop here. E as a publicly su	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization me supported organization	ion meets the eets the "facts	facts-and-cir- and-circumst-	rcumstances" : ances" test. Ti	test, check th ne organization	is box and st on and ston and and and and and and and and and an	and line op here. publicly
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	
	instructions	<u> </u>	<u></u>	<u> </u>			· - -

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.)

	n the organization rails to quality	under the tes	is listed belo	w, piease co	mplete Fart I	1.)	
	on A. Public Support						
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				1		
	received. (Do not include any "unusual grants.")	73282.	55732.	69233.	64205.	103908.	366360.
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 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			ł			
6	Total. Add lines 1 through 5	73282.	55732.	69233.	64205.	103908.	366360.
7a	Amounts included on lines 1, 2, and 3	73262.	33732.	09233.	04205.	103306.	300300.
	received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.00
	· · · · · · · · · · · · · · · · · · ·	0.00	0.00	0.00	0.00	0.00	0.00
b	Amounts included on lines 2 and 3			İ			
	received from other than disqualified			į			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· ,						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
0	line 6.)	<u>.</u>	<u>i</u>				366360.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	73282	55732.	69233.	64205.	103908.	366360.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .	6189.	3139	2900.	1733.	3319.	17290.
b	Unrelated business taxable income (less		1		-		
	section 511 taxes) from businesses		l				
	acquired after June 30, 1975						<u> </u>
С	Add lines 10a and 10b						
11	Net income from unrelated business				ļ		
	activities not included in line 10b, whether				1		
	or not the business is regularly carned 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.)]			
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8	3, column (f) div	ided by line 13	3, column (f))		15	95 %
16	Public support percentage from 2010 Sch					16	95 %
	on D. Computation of Investment Inc				·		
17	Investment income percentage for 2011 (I			/ line 13. colum	nn (f))	17	5 %
18	Investment income percentage from 2010					18	5 %
19a	331/3% support tests-2011. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2010. If the organiz		_			-	
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_		•	· ·	_

Part IV	Frage 4 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).