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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

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

ntemal Re	evenue Service	Information about Form 990-EZ and its instruction							
A For t	he 2013 calend	ar year, or tax year beginning	, 2013,	and ending			, 20		
B Check	if applicable	C Name of organization			D Empl	oyer i	dentification number		
Addre	ss change	House of Restoration Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite		:	36-4451060		
Name	change	Telephone number							
Initial of		224-856-1214							
Termir	nateo ided return	F Grou	лр Ех∉	emption					
=	cation pending	Elgin, IL 60120			Nun	nber			
G Acco	unting Method:	☑ Cash ☐ Accrual Other (specify) ▶			H Check I	▶ 🗹	if the organization is not		
Webs	site: ▶						tach Schedule B		
J Tax-e	xempt status (ch	nck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 49	47(a)(1) o	or	(Form 9	90, 99	90-EZ, or 990-PF).		
			Other						
		7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or	more, or if t	otal assets				
Part II,	column (B) belo	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ.				▶ 5	\$		
Part	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balanc	ces (see ti	ne instru	ction	s for Part I)		
	Check if	the organization used Schedule O to respond to any q	uestion	in this Par	tl		🗆		
1						1	0		
2		ervice revenue including government fees and contracts				2	0		
3	-	ip dues and assessments				3	0		
4		•				4	0		
5	a Gross am	ount from sale of assets other than inventory	5a	1	0				
		or other basis and sales expenses	5b		0	1	1		
- 1		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
6		d fundraising events		,		5с	RECEIVED		
	a Gross income from gaming (attach Schedule G if greater than								
	\$15,000)		6a		0	5	MAY 1 2 2014		
5	b Gross inco	me from fundraising events (not including \$	00	f contribut	ions	l i			
Kevenue		aising events reported on line 1) (attach Schedule G if th	ie			} \			
-	sum of su	ch gross income and contributions exceeds \$15,000)	6b	1	0		OGDENLU		
	c Less: dire	t expenses from gaming and fundraising events	6c		0	-			
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
-	line 6c)					6d	1		
7	a Gross sale	s of inventory, less returns and allowances	7a	1	0				
- 1		of goods sold	7b		0	1			
		it or (loss) from sales of inventory (Subtract line 7b from lir	ne 7a) .			7c] c		
8	•	nue (describe in Schedule O)				8			
9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶	9			
10		similar amounts paid (list in Schedule O)				10	(
11		aid to or for members				11			
		ther compensation, and employee benefits				12	(
2 13		al fees and other payments to independent contractors.				13	(
12 13 14 15		y, rent, utilities, and maintenance				14	750.00		
) 15	•	ublications, postage, and shipping				15	(
16	٠.١	enses (describe in Schedule O)				16	C		
17						17	750.00		
40	B Excess or	enses. Add lines 10 through 16				18	(750.00)		
19	Net asset	or tund balances at beginning of year (from line 27, co	lumn (A)) (must ag	ree with				
Assets	end-of-ve	ir figure reported on prior year's return)				19	1		
ਰ ਹ 20) Other cha	nges Maret assets or fund balances (explain in Schedule O).			20	· · · · · · · · · · · · · · · · · · ·		
5 20 21	Net asset	Typ-fund balandes at end of year. Combine lines 18 throug	h 20			21	(750.00)		
		Gai. Nation — constituted blacking or local population in the 10 milestal							

For Paperwork Reduction Act Watties see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

•	,					
Form 990-EZ (2	013) `				_	Page 2
	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this			
_				(A) Beginning of year	Щ.	(B) End of year
	, savings, and investments		1		22	0
	and buildings				23	0
24 Othe	r assets (describe in Schedule O)		[24	0
	l assets				25	0
	l liabilities (describe in Schedule O)				26	0
	assets or fund balances (line 27 of column				27	(750.00)
	Statement of Program Service Accom				ĺ	Expenses
	Check if the organization used Schedule	Social Services	ny question in triis	Part III L		quired for section (c)(3) and 501(c)(4)
	organization's primary exempt purpose?		f ite three largest n	rogram condoca	orga	anizations and section
as measure	e organization's program service accompli d by expenses. In a clear and concise m	soments for each of nanner, describe the	e services provided	the number of		7(a)(1) trusts, optional others.)
persons ben	refited, and other relevant information for ea	ach program title.	5 00111000 p. 011au	-,	101	outers.)
28	· · · · · · · · · · · · · · · · · · ·	`				T
(Grants	s \$ 0) If this amount	includes foreign gra	ants, check here .	<u></u> . ▶ 🗆	28	<u>0</u>
29						
				. –		
(Grants	s \$0) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	292	0
30					}	1
(Grants	s \$ 0) If this amount	includes foreign gra	ente check horo	▶ □	302	. 0
	program services (describe in Schedule O)		· · · · · · ·		302	<u> </u>
(Grants		includes foreign gra			318	. 0
	program service expenses (add lines 28a t	through 31a)		· · · · •	32	
	List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable	(d) Health benefits,	Т.,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)			
Luz M Oliver	a / President	20				
1041 N Huro	n Drive Elgin, IL. 60120)	0	0
Luz Gomez /	Vice President	20			1	
1041 N Huro	n Elgin, IL 60120		()	0	0
	alez / Secretary	20				
	reet Chicago, IL. 60638		ļ() <u> </u>	9	0
Pedro Gome		20				_
	n Elgin, IL. 60120)	<u> </u>	0
Anna Perez	Character of II. (0407	20	1			•
222 Judy Lai	ne Streamwood, IL. 60107			<u>'</u>	<u> </u>	0
				 	+	
					}	
		 			+	
				•		
					\top	
		<u> </u>				

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	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ^{-}	163	110
	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			ما
05-	change on Schedule O (see instructions)	34	<u> </u>	~
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		"
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	ļ	
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 37a	4	ļ	
b	Did the organization file Form 1120-POL for this year?	37b	ļ	•
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1000		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9		l	
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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			
	organization managers or disqualified persons during the year under sections 4912,	[ł	
	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 ► None			
42a	The organization obsolic are in said on a second are i	224-85		4
b	Located at ► 1041 Huron Drive Elgin, IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	1.00	1
	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		~
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			
			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	1	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<u> </u>	†
-	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	~
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		1
	· · · · · · · · · · · · · · · · · · ·			

Form 990	NE7 (2)	, ,							age ·
46	Did th	ne organization engage, directly or in						Yes	<u> </u>
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	estions 47-49b a	nd 52, and	d complete th		for line	es
47	Did tl	ne organization engage in lobbying	activities or have a				1	Yes	No
48	s the	If "Yes," complete Schedule C, Par organization a school as described in ne organization make any transfers to	n section 170(b)(1)(A)(7
	If "Ye	s," was the related organization a separation to separate this table for the organization's byses) who each received more than	ection 527 organization five highest comper	on?	 (other than	officers, direct	. 49b	es an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	lealth benefits, trons to employee plans, and deferred empensation	(e) Estimat other cor		
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest comp	ensated independe	o ent contrac	 ctors who each	received	more	tha
		Name and business address of each independ		(b) Type of	service	(c)	Compensat	ion	
	 .								
								-	
d		number of other independent contra			. •		0		
52	none	ne organization complete Schedule A	a completed Schedu	le A	· · · ·	<u> </u>	► ✓ Ye		No_
true, con	enaities rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompar n officer) is based on all info	ormation of which prepa	rements, and the remaining transfer in the r	to the best of my kr nowledge.	nowiedge an	o Dellef,	π IS
Sign Here			were			Date 4-1	6-14		
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Preparent									

Firm's address ► 4159 W Fullerton Chicago IL 60639

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

. 🕨 🗹 Yes 🗌 No

Phone no.

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	or the organization						1.	Diployer ic	, cinancado	ii iidiiiber		
Hous	e of Restoration	. <u></u> .								51060		
Par			rity Status (All orga						nstructio	ons.		
The c			tion because it is: (Fo									
1			nes, or association of			ed in sec	tion 170	(b)(1)(A)(ī).			
2	A school descri	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3	A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	170(b)(1)((A)(iii).				
4			n operated in conjunc						D(b)(1)(A)	(iii). Ente	r the	
	hospital's nam	e, city, and state	e:									
5		on operated for to (1)(1)(A)(iv). (Comp	the benefit of a collequete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernment	tal unit c	lescrib	ed in
6	☐ A federal, state	e, or local govern	nment or government	al unit de	scribed in	section	170(b)(1	I)(A)(v).				
7	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 t	rust described in	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	rt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	ertain ex kable ind	ceptions	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	afetv. Se	e sectio	n 509(a)(4).			
11			d operated exclusive							or to ca	ırrv oı	ıt the
••	purposes of o	ne or more pub	licly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S	See se	ction
	a Type I	b Type						Type III–N			ntegrat	ed
_			that the organization									
•	other than fou	ndation manage	ers and other than one	e or more	nublich	Support	ed organ	izations d	described	in secti	on 509	3(a)(1)
	or section 509				, pas,		5					- (/(- /
f			written determination	on from t	the IRS t	hat it ie	a Type	I Type I	ll or Tvr	الاعدا	nnortir	na
•		check this box .	written determination				a Type	i, Type i	ii, Oi 196)C III 34	opor tii	"
												' Ц
g			he organization accep	pled any	giit or co	mimoulio	ii iroiii a	uriy Or trie	;			
	following pers					L			J !- 65		V	Ma
	(i) A person v	who directly or i	ndirectly controls, eitl	ner alone	or togeti	ner with	persons	describe	o in (ii) ai		Yes	No
	, ,	-	ody of the supported								+	-
			on described in (i) abo							11g(i	0	~
			a person described in							11g(ii)	~
h	Provide the fo	llowing informati	on about the support	ed organı	zation(s).							
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(v) is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your		nization in	(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of monet support		onetary	
			(see instructions))	Yes	No	Yes	No	Yes	No No	1		
				100				1.00		 		
(A) N/	/A											_
			<u> </u>	 					ļ	_		0
(B)	··											
(C)												
(D)												
(E)												
							1	1				

				1===:		704 1/21/21		<u> </u>
Part	II Support Schedule for Organiza							
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify unde	r
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)		
Secti	on A. Public Support			· · · · · · · · · · · · · · · · · · ·				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tota	ī -
	-	(a) 2005	(6) 2010	(0) 2011	(4) 2012	(0) 20.0	(1) 1014	' -
1	C 3. C ,							
	membership fees received. (Do not		_	_	_			_
	include any "unusual grants.")	0	0	0	0	0		0
2	Tax revenues levied for the	i i						
	organization's benefit and either paid							
	to or expended on its behalf	.0	0	0	0	0		0
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge	o	o	l o	o	О		0
4	Total. Add lines 1 through 3							
	-							
5	The portion of total contributions by			<u> </u>				
	each person (other than a							
	governmental unit or publicly		ı					
	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.	<u> </u>		<u></u>	L	L		
	on B. Total Support	4 1 2000	0.10040	1 2 2 2 2 4	(0 0010	4 3 0040	(0 T-1-	.—
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tota	
7	Amounts from line 4	0	0	0	0	0		0
8	Gross income from interest, dividends,							
	payments received on securities loans,	i		1				
	rents, royalties and income from similar							
	sources	0	0	0	0	0		0
9	Net income from unrelated business			1				
	activities, whether or not the business	İ						
	is regularly carried on	o	0	o	o	o	ı	0
10	Other income. Do not include gain or							
	loss from the sale of capital assets					ł		
	(Explain in Part IV.)	l 0	l		۰ ا	0		0
11	Total support. Add lines 7 through 10	ļ		-	· · · · · · · · · · · · · · · · · · ·			_
12	Gross receipts from related activities, etc	(see instruction	nne)	<u> </u>	<u> </u>	12		0
13	First five years. If the Form 990 is for the						n 501(c)(3)	
13	organization, check this box and stop he							·
Cook					• • • • •			
	on C. Computation of Public Support Public support percentage for 2013 (line			I column (f)		14	100.00	0/-
14	Public support percentage for 2013 (inter-					15	100.00	
15	331/3% support test—2013. If the organi	nedule A, Fart	ii, iirie 14 . obook the bev	on line 12 and	 d lina 14 ia 221			/0
16a	box and stop here. The organization qua							
Ь	331/3% support test—2012. If the organ check this box and stop here. The organ						_	
17a		013. If the orga	inization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	na stop here. l	explain in	
	Part IV how the organization meets the "I							
	organization						▶	
b	10%-facts-and-circumstances test - 2	012. If the ora	anızation did n	ot check a box	c on line 13, 16	a, 16b, or 17a	, and line	
-	15 is 10% or more, and if the organiza							
	Explain in Part IV how the organization in	neets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as a	a publicly	
	supported organization						_	
18	Private foundation. If the organization d							_
	instructions	oncon a		,,,	.,,			

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		_				
	received. (Do not include any "unusual grants.")	o	0	0	0	750.00	750.00
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	o	o	О	o	o	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	О	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	0	0	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the					İ	
	organization without charge	o	o	o	0	o	0
6	Total. Add lines 1 through 5					750.00	750.00
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	o	o	o	o	o	0
b	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000	ŀ					
	or 1% of the amount on line 13 for the year	اه	n	o	o	ا	n
С	Add lines 7a and 7b		<u>-</u>				<u> </u>
8	Public support (Subtract line 7c from						
•	line 6.)	i					750.00
Secti	on B. Total Support	<u> </u>	I			·	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	750.00	750.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	·					
	royalties and income from similar sources .	o	o	o	o	o	0
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	0	o	0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business			=			
	activities not included in line 10b, whether	ł					
	or not the business is regularly carried on	o	o	o	o	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					j	
	(Explain in Part IV.)	o	o	0	o	o	0
13	Total support. (Add lines 9, 10c, 11,	-					
-	and 12.)	o	o	o	O	750.00	750.00
14	First five years. If the Form 990 is for th	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he	re					▶ 🗸
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2013 (line 8	B, column (f) div	rided by line 1	3, column (f))		15	%
16	Public support percentage from 2012 Sch	nedule A, Part I	ll, line 15 .			16	%
Secti	on D. Computation of Investment In	come Percer	tage				
17	Investment income percentage for 2013 (line 10c, colum	n (f) divided by	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012	Schedule A, F	art III, line 17			18	%
19a	331/3% support tests-2013. If the organ					ore than 331/39/	, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organization	on . 🕨 📋
b	331/3% support tests-2012. If the organize						
	line 18 is not more than 331/3%, check this	box and stop he	ere. The organi	zation qualifies	as a publicly s	upported organi	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a b	oox on line 14.	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗆

Part IV Supplemental Information. 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).