

**SCHEDULE I**  
**(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Hagerty Education Program****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
1 (1) Sch I, Stmt 1							
1 (2)							
1 (3)							
1 (4)							
1 (5)							
1 (6)							
1 (7)							
1 (8)							
1 (9)							
1 (10)							
1 (11)							
1 (12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

Employer identification number  
20-2102643

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Schedule I (Form 990) (2014)

Cat. No. 50055P

11  
0

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990 Part V line 22

Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**Schedule I, Part I, Line 2 -** The grants are monitored by the director through phone calls to the grantees, written reports, and email messages initiated either by the grantor or grantee. An annual questionnaire is also sent to the grantees for reporting purposes.

Part IV

**Supplementary Information.** To provide the information required in Part I, III, and V, and any other additional information,

**Schedule I, Part I, Line 2.** The grants are monitored by the director through phone calls to the grantees, written reports, and email messages initiated either by the grantor or grantee. An annual questionnaire is also sent to the grantees for reporting purposes.

**Schedule I, Part IV, Statement 1**

Form: Schedule I

Page: 1

Line Number: Part II

**Hagerty Education Program****20-2102643****Description of Grants and Other Assistance to Governments and Organizations in the United States**

		<b>Recipient EIN</b>	<b>Amt. of cash</b>	<b>Amt. of non-cash asst.</b>
			<b>grant</b>	<b>cash asst.</b>
<b>Name and address</b>	Lemay America's Car Museum 2702 East D Street Tacoma, WA 98421	91-1867848	21,760	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Scholarship/grant support			
<b>Name and address</b>	Studebaker National Museum 201 South Chapin Street South Bend, IN 46601	35-1555535	5,600	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Scholarship/grant support			
<b>Name and address</b>	Yavapai College Foundation 1100 East Sheldon Street Prescott, AZ 86301	23-7232985	12,980	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Purchase equipment to ensure students enrolled in Auto Body technology courses are trained to the highest industry standard using modern equipment.			
<b>Name and address</b>	Drive One 57385 North Avenue Ray, MI 48096	61-1707440	10,000	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Help with additional equipment needs corresponding with increased size of facility and programs.			
<b>Name and address</b>	Washtenaw Community College Foundation PO Box D-1 Ann Arbor, MI 48106	38-2575395	10,000	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Scholarship/grant support			
<b>Name and address</b>	Pennsylvania College of Technology One College Avenue Williamsport, PA 17701-5799	23-2564508	18,840	0
<b>IRC code section</b>	501c3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Scholarship/grant support.			
<b>Name and address</b>	McPherson College PO Box 1402 Mcpherson, KS 67460	48-0543736	40,000	0
<b>IRC code section</b>	501c3			

**Schedule I, Part IV, Statement 1****Hagerty Education Program****Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Scholarship/grant support.

Name and address	College for Creative Studies 201 East Kirby Detroit, MI 48202	38-1550064	10,000	0
------------------	---	------------	--------	---

**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Scholarship/grant support

Name and address	Art Center College of Design 1700 Lida Street Pasadena, CA 91103	95-1921340	10,000	0
------------------	--	------------	--------	---

**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Scholarship/grant support.

Name and address	Great Lakes Boat Building School 485 South Meridian Street Cedarville, MI 49719	13-4311296	10,000	0
------------------	---	------------	--------	---

**IRC code section** 501c3**Method of valuation****Desc. of Non-Cash Asst.****Purpose of grant** Scholarship/grant support

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Hagerty Education Program

Employer identification number

20-2102643

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .

- b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .

- b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	✓	
<b>4b</b>	✓	
<b>4c</b>	✓	
<b>5a</b>	✓	
<b>5b</b>	✓	
<b>6a</b>	✓	
<b>6b</b>	✓	
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.			
		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 David Madzira, Board Member	(i) Base compensation 198,317 (ii) Bonus & incentive compensation 0 (iii) Other reportable compensation 50,000	0 0 0	0 19,500 28,013	0 295,830 0	0 1,681
2	(i) (ii) (iii)				
3	(i) (ii) (iii)				
4	(i) (ii) (iii)				
5	(i) (ii) (iii)				
6	(i) (ii) (iii)				
7	(i) (ii) (iii)				
8	(i) (ii) (iii)				
9	(i) (ii) (iii)				
10	(i) (ii) (iii)				
11	(i) (ii) (iii)				
12	(i) (ii) (iii)				
13	(i) (ii) (iii)				
14	(i) (ii) (iii)				
15	(i) (ii) (iii)				
16	(i) (ii) (iii)				

**Part II Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Hagerty Education Program

Employer identification number

20-2102643

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	2	59,706	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ ) . . . . .				
26 Other ► ( _____ ) . . . . .				
27 Other ► ( _____ ) . . . . .				
28 Other ► ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a	✓	

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Schedule M, Part I, Line 32b - The organization uses a brokerage firm to sell publicly traded securities.**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Hagerty Education Program

Employer identification number

20-2102643

Form 990, Part VI, Section B, Line 11b - The Form 990 is reviewed by the director and board chair and then made available to the remainder of the board before IRS submission.

Form 990, Part VI, Section B, Line 12c - The board regularly and consistently monitors and enforces compliance through each board member announcing before any discussion or votes taken on grant proposals with organizations they have any ongoing relationship with. The other members may or may not ask them to excuse themselves from the discussion or decision, or they may use that information to ask more questions about that particular organization.

Form 990, Part VI, Section B, Line 15 - The payroll data and analysis from national, regional and local sources are used for all management positions. Last year consulted was 2014.

Form 990, Part VI, Section C, Line 19 - HEP's conflict of interest policy is available upon request and financial statements are available on Lemay - America's Car Museum's website.

Form 990, Part VII, Section A, Line 1a - Diane Fitzgerald was employed by Lemay America's Car Museum at the beginning of 2014 in a management position. She began transferring over from Lemay to the director position for HEP in July 2014, becoming full-time on September 1, 2014.

Form 990, Part VII, Section A, Line 1d - Lemay - America's Car Museum (EIN 91-1867848) is the common paymaster for HEP. Employees of HEP are paid under the common paymaster arrangement and are reported on HEP's Form 990 as paid by HEP.

Form 990, Part XI, Line 9 - (\$1,402) beginning net asset adjustment

Form 990, Part XII, Line 2c - Effective January 1, 2014, HEP merged with Lemay - America's Car Museum and was consolidated with its financial statements. Lemay has its own audit committee which oversaw and approved the consolidated financial statements.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Hagerty Education Program

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization	Employer identification number
Hagerty Education Program	20-2102643

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) LeMay America's Car Museum (91-1867848) 2702 East D Street, Tacoma, WA 98421	Car Museum and Educational Center WA	WA	501c3	509a2	N/A	✓
(2) LeMay Dome Parking Association (27-2511735) 2702 East D Street, Tacoma, WA 98421	Operates parking facilities WA	WA	501c3	509a3, Type I	LeMay America's Car Museum	✓
(3) Harold E. LeMay Museum (27-2511537) 2702 East D Street, Tacoma, WA 98421	Owns property WA	WA	501c3	509a3, Type I	LeMay America's Car Museum	✓
(4) _____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____

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

Cat. No. 50135Y

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34  
because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) .....											
(2) .....											
(3) .....											
(4) .....											
(5) .....											
(6) .....											
(7) .....											

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organizations(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(2).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(3).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(4).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(5).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(6).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(7).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(8).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(9).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(10).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(11).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(12).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(13).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(14).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(15).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(16).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).