Form **8886-T** (September 2007)

Department of the Treasury Internal Revenue Service Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

As required by section 6033(a)(2) of the Internal Revenue Code

OMB No. 1545-2078

Open to Public Inspection

For calendar y	/ear 20 , or tax ye	ar beginning	, 20	and ending	20 .
Name of tax-ex	cempt entity				Employer identification number
In care of (if ap	pplicable)				<u> i </u>
Number street	and record or suits as 1	or P.O. box number if mail is not delivered to	atuant adduses	\ \	
Number, Street	, and room or suite no. (or P.O. box number il mail is not delivered to	street address)	
City or town, s	tate, and ZIP code				
1 Check	the applicable box	that describes the tax-exempt ent	ity.		
☐ A S Dis Sta ☐ An ☐ A p a t ☐ An an ☐ A c 2 Identif a ☐ Lis	State, a possession strict of Columbia, ate or possession of Indian tribal governolan described in serust exempt from the annuity plan describing the contract description of the type of prohibited transaction is a lister strict of Columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of Columbia, and the columbia transaction is a lister strict of the columbia transaction is		d a A A A A A A C A A A A A A all the box(escribed in section employer described in section employer described in individual retirement individual retirement Archer MSA custodial account contract under section Coverdell education health savings access that apply (see contractual protection identition identition in the section identition identition in the section identition identition identition in the section identition identition in the section identition identition in the section identition in the section identition identition in the section in the s	ent annuity treated as an annuity on 403(b)(7)(A) on savings account count instructions).
4 Identit	y of other parties (v	whether taxable or tax-exempt) to the	ne transactio	n, if known (attach	additional sheets, if necessary):
Name of party					
Number, street	, and room or suite no.				
City or town, s	tate, and ZIP code				
Name of party					
Number, street	, and room or suite no.				
City or town, s	tate, and ZIP code				
Sign		alty of perjury that I am authorized to sign the best of my knowledge and belief, it is true			his disclosure, including any accompanyin
Here	Signature of direct	or, trustee, officer, or other authorized officia	1	Date	
	Type or print name	e of signer		Type or p	rint title or authority of signer

Cat. No. 49103E