

# Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

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

**Open to Public  
Inspection**

For calendar year 20 , or tax year beginning , 20 and ending 20 .

Name of tax-exempt entity  
Employer identification number  
:

In care of (if applicable)

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

City or town, state, and ZIP code

**1** Check the applicable box that describes the tax-exempt entity.

- An organization described in section 501(c) or 501(d)
- A State, a possession of the United States, or the District of Columbia, a political subdivision of a State or possession of the United States
- An Indian tribal government
- A plan described in section 401(a) which includes a trust exempt from tax under section 501(a)
- An annuity plan described in section 403(a) or annuity contract described in section 403(b)
- A qualified tuition program described in section 529
- An eligible deferred compensation plan described in section 457(b) which is maintained by an employer described in section 457(e)(1)(A)
- An individual retirement account
- An individual retirement annuity
- An Archer MSA
- A custodial account treated as an annuity contract under section 403(b)(7)(A)
- A Coverdell education savings account
- A health savings account

**2** Identify the type of prohibited tax shelter transaction. Check all the box(es) that apply (see instructions).

- a**  Listed transaction                      **b**  Confidential                      **c**  Contractual protection

**3** If the transaction is a listed transaction or substantially similar to a listed transaction, identify the listed transactions (see instructions). \_\_\_\_\_

**4** Identity of other parties (whether taxable or tax-exempt) to the transaction, if known (attach additional sheets, if necessary):

Name of party

Number, street, and room or suite no.

City or town, state, and ZIP code

Name of party

Number, street, and room or suite no.

City or town, state, and ZIP code

I declare under penalty of perjury that I am authorized to sign this disclosure, that I have examined this disclosure, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

\_\_\_\_\_  
Signature of director, trustee, officer, or other authorized official                      Date

\_\_\_\_\_  
Type or print name of signer                      Type or print title or authority of signer