Form 886A	Department of the Treasury - Internal Revenue Service Explanation of Items	Schedule No. or Exhibit
Name of Taxi	<u> </u>	Year/Period Ended
Please provide t	he following information:	
plan eligibili	ng the 1564-B Letter, did the review of your employed ty records confirm a failure to meet the universal availule (12)(A)(ii) of the Internal Revenue Code? Yes	* *
	ease explain your method of review and your results ([After completion of this response, proceed to the Completion of this response of the Completion of the Completion of this response of the Completion of the C	
by the fa	ease indicate the employee group(s) and number of eilure. For Example: Substitute Teacher – 4 affected employee, Cafeteria Worker – 6 affected employees, es.	employees, Nurse -1
2) Was a contri	bution made to the section 403(b) plan to correct the	failure?
	Yes [□ No □
a) If no, plo	ease explain why not.	
b) If yes, p	lease provide the total dollar amount and date of this	contribution.

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Name of Taxpayer		Year/Period Ended
	ecific process used to correct the failure (include the oblight) amount of the contribution and the vesting per	
Contact Name (plea	se print)	
Signature of Person	Completing this Response	
Title	Phone Number	