

# Information Return for Tax-Exempt Governmental Obligations

▶ Under Internal Revenue Code section 149(e)

▶ See separate instructions.

Caution: If the issue price is under \$100,000, use Form 8038-GC.

| Part I Reporting Authority                                                                                                  |            | If Amended Return, check here <input type="checkbox"/>         |  |
|-----------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------|--|
| 1 Issuer's name                                                                                                             |            | 2 Issuer's employer identification number (EIN)                |  |
| 3a Name of person (other than issuer) with whom the IRS may communicate about this return (see instructions)                |            | 3b Telephone number of other person shown on 3a                |  |
| 4 Number and street (or P.O. box if mail is not delivered to street address)                                                | Room/suite | 5 Report number (For IRS Use Only)                             |  |
| 6 City, town, or post office, state, and ZIP code                                                                           |            | 7 Date of issue                                                |  |
| 8 Name of issue                                                                                                             |            | 9 CUSIP number                                                 |  |
| 10a Name and title of officer or other employee of the issuer whom the IRS may call for more information (see instructions) |            | 10b Telephone number of officer or other employee shown on 10a |  |

| Part II Type of Issue (enter the issue price). See the instructions and attach schedule.                         |  |    |
|------------------------------------------------------------------------------------------------------------------|--|----|
| 11 Education . . . . .                                                                                           |  | 11 |
| 12 Health and hospital . . . . .                                                                                 |  | 12 |
| 13 Transportation . . . . .                                                                                      |  | 13 |
| 14 Public safety . . . . .                                                                                       |  | 14 |
| 15 Environment (including sewage bonds) . . . . .                                                                |  | 15 |
| 16 Housing . . . . .                                                                                             |  | 16 |
| 17 Utilities . . . . .                                                                                           |  | 17 |
| 18 Other. Describe ▶                                                                                             |  | 18 |
| 19 If obligations are TANs or RANs, check only box 19a . . . . . ▶ <input type="checkbox"/>                      |  |    |
| If obligations are BANs, check only box 19b . . . . . ▶ <input type="checkbox"/>                                 |  |    |
| 20 If obligations are in the form of a lease or installment sale, check box . . . . . ▶ <input type="checkbox"/> |  |    |

| Part III Description of Obligations. Complete for the entire issue for which this form is being filed. |                         |                 |                                         |                               |           |
|--------------------------------------------------------------------------------------------------------|-------------------------|-----------------|-----------------------------------------|-------------------------------|-----------|
|                                                                                                        | (a) Final maturity date | (b) Issue price | (c) Stated redemption price at maturity | (d) Weighted average maturity | (e) Yield |
| 21                                                                                                     |                         | \$              | \$                                      | years                         | %         |

| Part IV Uses of Proceeds of Bond Issue (including underwriters' discount) |                                                                                                    |    |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----|
| 22                                                                        | Proceeds used for accrued interest . . . . .                                                       | 22 |
| 23                                                                        | Issue price of entire issue (enter amount from line 21, column (b)) . . . . .                      | 23 |
| 24                                                                        | Proceeds used for bond issuance costs (including underwriters' discount) . . . . .                 | 24 |
| 25                                                                        | Proceeds used for credit enhancement . . . . .                                                     | 25 |
| 26                                                                        | Proceeds allocated to reasonably required reserve or replacement fund . . . . .                    | 26 |
| 27                                                                        | Proceeds used to currently refund prior issues . . . . .                                           | 27 |
| 28                                                                        | Proceeds used to advance refund prior issues . . . . .                                             | 28 |
| 29                                                                        | Total (add lines 24 through 28) . . . . .                                                          | 29 |
| 30                                                                        | Nonrefunding proceeds of the issue (subtract line 29 from line 23 and enter amount here) . . . . . | 30 |

| Part V Description of Refunded Bonds. Complete this part only for refunding bonds. |                                                                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 31                                                                                 | Enter the remaining weighted average maturity of the bonds to be currently refunded . . . . . ▶ _____ years |
| 32                                                                                 | Enter the remaining weighted average maturity of the bonds to be advance refunded . . . . . ▶ _____ years   |
| 33                                                                                 | Enter the last date on which the refunded bonds will be called (MM/DD/YYYY) . . . . . ▶ _____               |
| 34                                                                                 | Enter the date(s) the refunded bonds were issued ▶ (MM/DD/YYYY)                                             |

**Part VI Miscellaneous**

|                                                                                                                                                                                                                                                               |            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|
| <b>35</b> Enter the amount of the state volume cap allocated to the issue under section 141(b)(5) . . . . .                                                                                                                                                   | <b>35</b>  |  |  |
| <b>36a</b> Enter the amount of gross proceeds invested or to be invested in a guaranteed investment contract (GIC) (see instructions) . . . . .                                                                                                               | <b>36a</b> |  |  |
| <b>b</b> Enter the final maturity date of the GIC ▶ _____                                                                                                                                                                                                     |            |  |  |
| <b>c</b> Enter the name of the GIC provider ▶ _____                                                                                                                                                                                                           |            |  |  |
| <b>37</b> Pooled financings: Enter the amount of the proceeds of this issue that are to be used to make loans to other governmental units . . . . .                                                                                                           | <b>37</b>  |  |  |
| <b>38a</b> If this issue is a loan made from the proceeds of another tax-exempt issue, check box ▶ <input type="checkbox"/> and enter the following information:                                                                                              |            |  |  |
| <b>b</b> Enter the date of the master pool obligation ▶ _____                                                                                                                                                                                                 |            |  |  |
| <b>c</b> Enter the EIN of the issuer of the master pool obligation ▶ _____                                                                                                                                                                                    |            |  |  |
| <b>d</b> Enter the name of the issuer of the master pool obligation ▶ _____                                                                                                                                                                                   |            |  |  |
| <b>39</b> If the issuer has designated the issue under section 265(b)(3)(B)(i)(III) (small issuer exception), check box . . . . . ▶ <input type="checkbox"/>                                                                                                  |            |  |  |
| <b>40</b> If the issuer has elected to pay a penalty in lieu of arbitrage rebate, check box . . . . . ▶ <input type="checkbox"/>                                                                                                                              |            |  |  |
| <b>41a</b> If the issuer has identified a hedge, check here ▶ <input type="checkbox"/> and enter the following information:                                                                                                                                   |            |  |  |
| <b>b</b> Name of hedge provider ▶ _____                                                                                                                                                                                                                       |            |  |  |
| <b>c</b> Type of hedge ▶ _____                                                                                                                                                                                                                                |            |  |  |
| <b>d</b> Term of hedge ▶ _____                                                                                                                                                                                                                                |            |  |  |
| <b>42</b> If the issuer has superintegrated the hedge, check box . . . . . ▶ <input type="checkbox"/>                                                                                                                                                         |            |  |  |
| <b>43</b> If the issuer has established written procedures to ensure that all nonqualified bonds of this issue are remediated according to the requirements under the Code and Regulations (see instructions), check box . . . . . ▶ <input type="checkbox"/> |            |  |  |
| <b>44</b> If the issuer has established written procedures to monitor the requirements of section 148, check box . . . . . ▶ <input type="checkbox"/>                                                                                                         |            |  |  |
| <b>45a</b> If some portion of the proceeds was used to reimburse expenditures, check here ▶ <input type="checkbox"/> and enter the amount of reimbursement . . . . . ▶ _____                                                                                  |            |  |  |
| <b>b</b> Enter the date the official intent was adopted ▶ _____                                                                                                                                                                                               |            |  |  |

|                               |                                                                                                                                                                                                                                                                                                                                                                                   |                      |                 |                                                      |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|------------------------------------------------------|
| <b>Signature and Consent</b>  | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I consent to the IRS's disclosure of the issuer's return information, as necessary to process this return, to the person that I have authorized above. |                      |                 |                                                      |
|                               | ▶ _____<br>Signature of issuer's authorized representative                                                                                                                                                                                                                                                                                                                        |                      | ▶ _____<br>Date |                                                      |
|                               | Type or print name and title _____                                                                                                                                                                                                                                                                                                                                                |                      |                 |                                                      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                                                                                                                                                                                                                                                                                                        | Preparer's signature | Date            | Check <input type="checkbox"/> if self-employed PTIN |
|                               | Firm's name ▶                                                                                                                                                                                                                                                                                                                                                                     | Firm's EIN ▶         |                 |                                                      |
|                               | Firm's address ▶                                                                                                                                                                                                                                                                                                                                                                  | Phone no. _____      |                 |                                                      |