

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

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

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|-------------------------------|---|----------------------|---|---|
| Signature and Consent | 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. | | | |
| | ▶ _____ Signature of issuer's authorized representative | Date | ▶ _____ Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | Firm's name ▶ _____ | | | Firm's EIN ▶ _____ |
| | Firm's address ▶ _____ | | | Phone no. _____ |