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December 28, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Internal Revenue Service Center
Ogden, Utah 84201

Ontario County Local Development Corporation – Revenue Refunding Bonds,
Series 2017A (The Frederick Ferris Thompson Hospital Project)

Ladies and Gentlemen:

Enclosed is the Form 8038 Information Return for Tax-Exempt Private Activity Bond
Issues, for the above-referenced issue.

Thank you for your attention to this matter.

Sincerely yours,

Bruce M. Serchuk

70170190000047318121

8038

Information Return for Tax-Exempt Private Activity Bond Issues (Under Internal Revenue Code section 149(e))

OMB No. 1545-0720

April 2011 Department of the Treasury Internal Revenue Service

See separate instructions.

Part I Reporting Authority. Includes fields for Issuer's name, Issuer's employer identification number, Name of person, Telephone number, Address, Report number, Date of issue, Name of issue, CUSIP number, Name and title of officer, and Telephone number of officer.

Part II Type of Issue (Enter the issue price.) Table with columns for issue type (a through 20c) and Issue Price. Includes categories like Exempt facility bond, Qualified mortgage bond, and Qualified veterans' mortgage bond.

Part III Description of Bonds (Complete for the entire issue for which this form is being filed.)

Table with 5 columns: (a) Final maturity date, (b) Issue price, (c) Stated redemption price at maturity, (d) Weighted average maturity, (e) Yield. Row 21: 07/01/40, \$ 33,400,000.00, \$ 33,400,000.00, 13.9530 years, vr %

Part IV Uses of Proceeds of Issue (including underwriters' discount)

Table with 2 columns: Description, Amount. Rows 22-30 detailing uses of proceeds such as accrued interest, issue price, bond issuance costs, credit enhancement, etc.

Part V Description of Property Financed by Nonrefunding Proceeds

Caution: The total of lines 31a through e below must equal line 30 above. Do not complete for qualified student loan bonds, qualified mortgage bonds, or qualified veterans' mortgage bonds.

Table with 2 columns: Type of Property Financed by Nonrefunding Proceeds, Amount. Rows 31a-e: Land, Buildings and structures, Equipment with recovery period of more than 5 years, etc.

32 North American Industry Classification System (NAICS) of the projects financed by nonrefunding proceeds.

Table with 4 columns: NAICS Code, Amount of nonrefunding proceeds, NAICS Code, Amount of nonrefunding proceeds. Rows a, b.

Part VI Description of Refunded Bonds (Complete this part only for refunding bonds.)

Table with 2 columns: Description, Amount. Rows 33-36: Enter the remaining weighted average maturity of the bonds to be currently refunded, to be advance refunded, last date on which the refunded bonds will be called, date(s) the refunded bonds were issued.

Part VII Miscellaneous

- 37 Name of governmental unit(s) approving issue (see the instructions) County Board of Supervisors
Approval Date: 12/07/17; Public Hearing Date: 12/01/2017
38 Check the box if you have designated any issue under section 265(b)(3)(B)(i)(III)
39 Check the box if you have elected to pay a penalty in lieu of arbitrage rebate
40a Check the box if you have identified a hedge and enter the following information
b Name of hedge provider
c Type of hedge
d Term of hedge
41 Check the box if the hedge is superintegrated
42a Enter the amount of gross proceeds invested or to be invested in a guaranteed investment contract (GIC)
b Enter the final maturity date of the GIC
c Enter the name of the GIC provider
43 Check the box if the issuer has established written procedures to ensure that all nonqualified bonds of this issue are remediated in accordance with the requirements under the Code and Regulations (see instructions)
44 Check the box if the issuer has established written procedures to monitor the requirements of section 148
45a Enter the amount of reimbursement if some portion of the proceeds was used to reimburse expenditures
b Enter the date the official intent was adopted
46 Check the box if the issue is comprised of qualified redevelopment, qualified small issue, or exempt facilities bonds and provide name and EIN of the primary private user

VIII Volume Caps		Amount
Amount of state volume cap allocated to the issuer. Attach copy of state certification		47 0.00
48	Amount of issue subject to the unified state volume cap	48 0.00
49	Amount of issue not subject to the unified state volume cap or other volume limitations:	49 33,400,000.00
a	Of bonds for governmentally owned solid waste facilities, airports, docks, wharves, environmental enhancements of hydroelectric generating facilities, or high-speed intercity rail facilities	49a 0.00
b	Under a carryforward election. Attach a copy of Form 8328 to this return	49b 0.00
c	Under transitional rules of the Tax Reform Act of 1986. Enter Act section ▶	49c 0.00
d	Under the exception for current refunding (section 146(l) and section 1313(a) of the Tax Reform Act of 1986)	49d 0.00
50a	Amount of issue of qualified veterans' mortgage bonds	50a 0.00
b	Enter the state limit on qualified veterans' mortgage bonds	50b 0.00
51a	Amount of section 1394(f) volume cap allocated to issuer. Attach copy of local government certification	51a 0.00
b	Name of empowerment zone ▶	
52	Amount of section 142(k)(5) volume cap allocated to issuer. Attach copy of state certification	52 0.00

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(s) that I have authorized above.

Signature of issuer's authorized representative: *[Signature]* Date: 12/27/17
 Type or print name and title: Michael J. Manikowski, Executive Director

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	Preparer's PTIN
	Bruce M. Serchuk	<i>[Signature]</i>	12/28/17		P01067708
	Firm's name ▶ Nixon Peabody LLP	Firm's EIN ▶		16-0764720	
	Firm's address ▶ 799 9th Street, NW, Suite 500, Washington, D.C. 20001	Phone no.		202-585-8000	

**Ontario County Local Development Corporation
Revenue Refunding Bonds, Series 2017A
(The Frederick Ferris Thompson Hospital Project)**

**Attachment to Form 8038
Information Return for Tax-Exempt Private Activity Bond Issues**

Line 17:

1. Name of Organization: The Frederick Ferris Thompson Hospital
2. Employer Identification Number: 16-0743024
3. Amount of Bonds benefiting the Organization: \$33,400,000.00

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

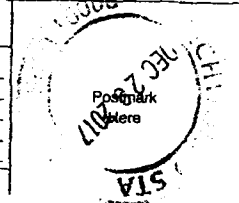
OFFICIAL USE

7017 0190 0000 4731 8121

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____



Postage
 \$ _____

Total
 \$ _____

Sent
 \$ _____

Street

City

**INTERNAL REVENUE SERVICE
 CENTER
 OGDEN, UT 84201**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**INTERNAL REVENUE SERVICE
 CENTER
 OGDEN, UT 84201**



9590 9402 2157 6193 9194 87

7017 0190 0000 4731 8121

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X _____ Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

**RECEIVED
 JAN 09 2018
 OGDEN UT**

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt