

TO: State Auditor of Public Accounts
 Capitol Building, Suite 2303
 P. O. Box 98917
 Lincoln, NE 68509

FROM: D.A. Davidson & Co.
 Attn: Marla Erixon (402-392-7905)
 1111 North 102nd Court, Suite 300
 Omaha, NE 68114

FILING INFORMATION

Name of Underwriter: D.A. Davidson & Co.
 Name of Issuer: Sanitary and Improvement District No. 509 of Douglas County, NE
 Title/Designation of Bonds: General Obligation Bonds, Series 2013
 Date of Bonds: August 1, 2013
 Principal Amount of Bonds Issued: \$1,050,000.00
 Paying Agent and Registrar: First National Bank, Omaha Nebraska
 Purpose Bonds were Issued: Paying Down Certificates of Indebtedness

MATURING: August 1,	COUPON	YIELD	AMOUNT	CUSIP
2015	1.45%	100	\$ 10,000	25930SAW0
2016	1.60%	100	10,000	25930SAX8
2017	1.90%	100	15,000	25930S AY6
2018	2.10%	100	15,000	25930S AZ3
2019	2.35%	100	20,000	25930S BA7
2020	2.60%	100	20,000	25930S BB5
2021	2.80%	100	25,000	25930S BC3
2022	3.05%	100	25,000	25930S BD1
2023	3.20%	100	35,000	25930S BE9
2024	3.35%	100	35,000	25930S BF6
2025	3.45%	100	40,000	25930S BG4
2026	3.55%	100	40,000	25930S BH2
2027	3.65%	100	45,000	25930S BJ8
2028	3.75%	100	45,000	25930S BK5
2029	3.85%	100	50,000	25930S BL3
2030	3.95%	100	130,000	25930S BM1
2031	4.00%	100	140,000	25930S BN9
2032	4.05%	100	170,000	25930S BP4
2033	4.10%	100	180,000	25930S BQ2
			\$1,050,000.00	

COST OF BOND ISSUANCE

ISSUER: Sanitary and Improvement District No. 509 of Douglas County, NE General Obligation Bonds, Series 2013, Dated August 1-2013 \$1,050,000

COST ITEM	PAID FROM BOND PROCEEDS	PAID FROM OTHER ISSUER FUNDS
1. UNDERWRITER'S FEE (including expenses, management fee and underwriter's discount) Name: <u>D.A. Davidson & Co.</u>	\$69,800	\$3,700
2. BOND COUNSEL Name: <u>Baird Holm LLP</u>	\$4,200	\$0
3. OTHER COUNSEL Name: Brian Doyle Fullenkamp Doyle & Jobeun 11440 West Center Road Omaha, NE 68144 Type: Issuer's Counsel	\$5,250	\$0
4. FINANCIAL ADVISOR FEE Name:	\$0	\$0
5. RATING AGENCY FEE Name:	\$0	\$0
6. BOND INSURANCE/CREDIT ENHANCEMENT FEE: Name:	\$0	\$0
7. REGISTRATION FEES (e.g. MSRB fees, CUSIP fees, Blue Sky etc.)	\$0	\$0
8. TRUSTEE FEES (e.g. opening trustee fee, escrow agent fee, paying agent fee).	\$750	\$0
9. OTHER COSTS (e.g. printing costs, publication fees, cash flow fees, travel expenses, other professional fees, if any, etc.) DISBURSING AGENT	\$0	\$0
TOTAL (1 through 9)	\$80,000.00	\$3,700.00

Information Return for Tax-Exempt Governmental Obligations

▶ Under Internal Revenue Code section 149(e)

▶ See separate instructions.

OMB No. 1545-0720

Department of the Treasury
Internal Revenue Service

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 Sanitary & Improvement District No. 509 of Douglas County, Nebraska		2 Issuer's employer identification number (EIN) 68-0600461	
3a Name of person (other than issuer) with whom the IRS may communicate about this return (see instructions) John E. Kuehl		3b Telephone number of other person shown on 3a 402-392-7903	
4 Number and street (or P.O. box if mail is not delivered to street address) 1111 North 102nd Court	Room/suite 300	5 Report number (For IRS Use Only) 3	
6 City, town, or post office, state, and ZIP code Omaha, Nebraska 68114		7 Date of issue August 1, 2013	
8 Name of issue General Obligation Bonds, Series 2013		9 CUSIP number 25930SAW0	
10a Name and title of officer or other employee of the issuer whom the IRS may call for more information (see instructions) Jim Emmons, Clerk		10b Telephone number of officer or other employee shown on 10a 402-334-0700	

Part II Type of Issue (enter the issue price). See the instructions and attach schedule.

11 Education			
12 Health and hospital			
13 Transportation			
14 Public safety			
15 Environment (including sewage bonds)			
16 Housing			
17 Utilities			
18 Other. Describe ▶ Various Public Improvements		1,050,000	00
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	8/01/2033	\$ 1,050,000	\$ 1,050,000	15.50 years	3.8546 %

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

22	Proceeds used for accrued interest			22	-0-	
23	Issue price of entire issue (enter amount from line 21, column (b))			23	1,050,000	00
24	Proceeds used for bond issuance costs (including underwriters' discount)	24	80,000	00		
25	Proceeds used for credit enhancement	25	-0-			
26	Proceeds allocated to reasonably required reserve or replacement fund	26	-0-			
27	Proceeds used to currently refund prior issues	27	970,000	00		
28	Proceeds used to advance refund prior issues	28	-0-			
29	Total (add lines 24 through 28)			29	1,050,000	00
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	9.7	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)	08/01/2013	
34	Enter the date(s) the refunded bonds were issued (MM/DD/YYYY)	06/15/2010	

For Paperwork Reduction Act Notice, see separate instructions.

Part VI Miscellaneous

35 Enter the amount of the state volume cap allocated to the issue under section 141(b)(5)	35		-0-
36a Enter the amount of gross proceeds invested or to be invested in a guaranteed investment contract (GIC) (see instructions)	36a		-0-
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		-0-
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 checked="" 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 checked="" type="checkbox"/>
44 If the issuer has established written procedures to monitor the requirements of section 148, check box			<input checked="" 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 ▶ _____			

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	Jim Emmons, Clerk 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 ▶ Baird Holm LLP	Firm's EIN ▶		PTIN
Firm's address ▶ 1500 Woodmen Tower, 1700 Farnam Street, Omaha, NE 68102			Phone no. 402-334-0700	