Form	11	120	-ND
------	----	-----	-----

(Rev. August 1998) Department of the Treasury

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954

Inter	nai kevei	nue Service	<u> </u>								
For	the cale	endar year	, or fiscal year beginn	ing ,	, and ending		,				
rint	Name	me of fund A					Employer identification number of fund (see instructions)				
e or Print	Name	Name of trustee or disqualified person (complete if filing to report section 4951 taxes)						:			
se Type	Address of filer. Number, street, and room or suite no. (If a P.O. box, see page 2 of Instructions.)						dentifying number of trustee or isqualified person (see instructions)				
Please	City o	or town, state, and	I ZIP code								
С	Return	filed for (see Sp	pecific Instructions,	check applicable box):	Fund Trus	stee	Disq	ualified person			
		applicable boxe		return (2)				nded return			
		ed at ►	JI 🕨					·			
	1			Part I—Computation	on of Fund Incom	е Тах	1	1			
ē	1	Taxable intere	est				1				
Income	2	Capital gain net income (attach Schedule D (Form 1120))					2				
	3	Other income (attach schedule)					3				
-	4	Gross income	e. Add lines 1 thr	ough 3			4				
	5						5				
S							6				
p	7		Taxes								
ct	8	Other deductions (attach schedule)									
Deductions	9	Total deductions. Add lines 5 through 8							<u> </u>		
Ğ	10										
	11	· · · · · · · · · · · · · · · · · · ·							<u> </u>		
							11				
	12	Modified gross income. Subtract line 11 from line 10									
	13	Total tax. Multiply line 12 by 20%									
	14	Payments:					-				
	a		from prior year credit	14a	_						
ents	b		estimated tax	14b	_						
ayments	с		ed for on Form	14c ()						
and Pa		Subtract line 14c from the total of lines 14a and 14b 14d Tax deposited with Form 7004 14e									
a		Total payments. Add lines 14d and 14e									
Тах	15	Estimated tax penalty. Check if Form 2220 is attached									
	16	Tax due. If line 14f is smaller than the total of lines 13 and 15, enter amount owed.									
	17	Overpayment. If line 14f is larger than the total of lines 13 and 15, enter amount overpaid					17				
	18			Credited to next year's estin that I have examined this return,		Refunded ►	18	to the bast of my know	lodgo and		
Pl	ease			ete. Declaration of preparer (other							
Si	gn				1	•					
Here Signature of person filing return				Irp	Data						
					Date	Title		Dropararia appliet "	hu numi		
Ра	id	Preparer's			Date	Check if se	lf- 🗖	Preparer's social securit	ly number		
Preparer's lighted by length				employed							
Firm's name (or yours if self-employed) EIN					EIN 🕨	►					
		and address				ZIP c	ode 🕨				

See page 4 of separate instructions for Paperwork Reduction Act Notice.

Form **1120-ND** (Rev. 8-98)

_	1120-ND (Rev	,								P	age Z
Sch	nedule L	Balance S	Sheets			Be	eginning of year		End of	year	
			Assets								
1	Cash .				1						
2	Certificate	Certificates of deposit									
3		government obligations									
4					4						
5	Other ass	ets (attach sch	edule)		5						
6	Total asse	ts. Add lines 1	through 5		6						
		Liabilities a	and Fund Baland	ce							
7	Liabilities				7						
8	Fund bala	nce			8						
9	Total liabil	ities and fund l	balance. Add line	es 7 and 8	9						
Sch	nedule M	Other Info	ormation							Yes	No
1a	Enter nam	ne of the electir	ng taxpaver 🕨								
b				of the electing taxpa							
2a				received during the ye							
b				ioning costs allocab				Ψ			
~				ratemaking purpose				\$			
с	Enter the	ruling amount t	for the tax year i	under section 468A(c	1)(2)	the tax		φ ¢			
d				me by the electing taxpay							
e				received for the year							
3			•	other than cash paymen							
_	• •						• •	•			
4				r any purpose other /estments, or for dire							
				d by the electing tax							
5		• •	tions on page 3.)		payer			Aplanation			
a		•		ving acts during the	voor	aithar d	liroctly or indiro	ctly with	ono or moro		
a		d persons?	any of the follow	ving acts during the	year, e	enneru		cuy, with t			
			leasing of proper	ty							
	(i) Sale,	wing or lending	a of money or of	her extension of cre	 dit	• •					
	(iii) Eurni	shing of goods	services or fac	ilities	un .	• •					
				ent or reimbursemen							
				efit of, a disqualified							
b				wered "Yes," were a							
	5		0				0	•			
С				edule listing the act; r disqualified person				e name, a	uuless, anu		
Ч								o the incl	tructions on		
d Has any self-dealer or trustee taken any action to "correct" any act of self-dealing? (See the instructions on											
	page 4 for the definition of "correct.")										
				itial Taxes on Sel							
				Acts of Self-Dea							
(a) A	ct number	(b) Date					(c) Description of a				
<u> </u>											
2											
	(d)	Names of disquali	ified persons liable fo	r tax			(e) Names of tr	ustees liable	for tax		
	(f) Amount in	volved in act	(g) Initial tax on self-d	ealing disqualified person (10	% of co	umn (f))	(h) Tax on tr	ustee (if appl	icable) (21/2% of (column (f	7))
	.,			<u> </u>		.,,		、 11	, (
Tota	al	►									
Section B.—Summary of Initial Taxes											
1 Enter section 4951 tax on disqualified person (Section A, column (g)).					1						
					2						
_											
5 Tax due. Enter the excess, if any, of line 3 over line 4. (Do not enter this amount in Part I.) Pay in full with return. (Make check or money order payable to "United States Treasury.")											
6 Overpayment. Enter the excess, if any, of line 4 over line 3											
				\bigotimes							

age **2**