(Rev. December 2001)

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954

|  |           | of the Treasury<br>renue Service  |  |   |  |                       |               |           |                                      |               |
|--|-----------|---|--|---|--|-----------------------|---------------|-----------|--------------------------------------|---------------|
|  |           |   | , or fiscal year beginni               | ng ,2   | 0 , and e                                      | nding                 |               | ,20       | •                                    |               |
| =  | Nar       |   |  |   |  |                       |               | loyer ide | entification number o                | f fund        |
| or Print   |           |   | (366                                   | IIISHUCH  | oris)  |                       |               |           |                                      |               |
|  | Nar       | me of trustee or disqualified person (complete if filing to report section 4951 taxes)  |  |   |  |                       |               |           |                                      |               |
| /pe  | Λ -1 -    | N   | D. Idaa                                | entifying number of trustee or  |  |                       |               |           |                                      |               |
| e  | Add       | dress of filer. Numb  |  |   | umber of trustee or<br>person (see instruction | ns)                   |               |           |                                      |               |
| Please Type  | City      | or town, state, and   | -                                      |   |  |                       |               |           |                                      |               |
| ₫  | 0.0,      | , o. tomi, otato, and   | a 2 55d5                               |   |  |                       |               |           |                                      |               |
|  |           |   |  |   |  |                       |               |           |                                      |               |
| C Return filed for (see Specific Instructions, check applicable box): ☐ Fund ☐ Trustee ☐ |           |   |  |   |  |                       |               |           | alified person                       |               |
| D Check applicable boxes: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change      |           |   |  |   |  |                       |               |           |                                      |               |
|  |           | k applicable boxe   |  |   |  | (3) Address           |               |           | Amended return                       |               |
| E The books are in care of ► Telephone number ► () Located at ►                          |           |   |  |   |  |                       |               |           |                                      |               |
|  |           |   |  | Part I—Computat   | ion of Fun                                     | d Income Ta           | x             |           |                                      |               |
| ē  | 1         | Taxable intere  | est                                    |   |  |                       |               | 1         |                                      |               |
| Ö  | 2         |   |  | Schedule D (Form 1  |  |                       |               | 2         |                                      |               |
| Income   | 3         | Other income  | e (attach schedule                     | )   |  |                       |               | 3         |                                      |               |
|  | 4         |   |  | ough 3  |  |                       |               | 5         |                                      |               |
| S  | 5         |   |  |   |  |                       |               | 6         |                                      | +             |
| o  | 6         |   |  |   | 7  |                       | +             |           |                                      |               |
| Ę  | 8         | -   | ccounting and legal services           |   |  |                       |               |           |                                      | +             |
| Deductions   | 9         |   | otal deductions. Add lines 5 through 8 |   |  |                       |               |           |                                      |               |
| ۵  | 10        | Modified gros   | ss income before                       | net operating loss dec  | luction. Subt                                  | ract line 9 fron      | n line 4      | 10        |                                      |               |
|  | 11        | Net operating   | g loss deduction.                      | (See Instructions on page   | age 3.) .   .                                  |                       |               | 11        |                                      |               |
|  | 12        | •   |  | ract line 11 from line 1  |  |                       |               | 12        |                                      |               |
|  | 13        |   | ultiply line 12 by 2                   | 0%  |  |                       |               | 13        |                                      |               |
|  | 14        | Payments:   |  |   |  |                       |               | 1         |                                      |               |
|  | a         |   | t from prior year credit               | 14a   |  |                       |               |           |                                      |               |
|  | h         |   | estimated tax                          |   |  |                       |               |           |                                      |               |
| nents  | ~         | •   |  | 14b   |  |                       |               |           |                                      |               |
| πe   | С         |   | ed for on Form                         |   |  |                       |               |           |                                      |               |
| Tax and Payn   |           | 4466  |  | 14c (   | _)]  | 1                     | ,             |           |                                      |               |
| Р  | d         |   |  | I of lines 14a and 14b  |  | 14d                   |               | -         |                                      |               |
| an   | e         | •   | d with Form 7004                       |   |  | 14e                   |               | 14f       |                                      |               |
| ax.  | 15        |   | nts. Add lines 14d                     | and 14e   |  |                       |               | 15        |                                      | +             |
| _  | 13        | L3timated tax   | penalty. Check in                      | OIIII 2220 IS attached  | □  |                       |               |           |                                      | 1             |
|  | 16        | Tax due. If line 14f is smaller than the total of lines 13 and 15, enter amount owed    |  |   |  |                       |               | 16        |                                      | _             |
|  | 17        | Overpayment. If line 14f is larger than the total of lines 13 and 15, enter amount over |  |   |  |                       |               | 17        |                                      |               |
|  |           |   |  |   |  |                       | ·             |           |                                      |               |
|  | 18        |   |  | redited to next year's est  |  |                       | ınded ►       | 18        | my knowledge 1 P                     |               |
| Sig  | an        | correct, and comple   | te. Declaration of prepare             | e examined this return, including<br>r (other than taxpayer) is based | on all information                             | of which preparer has | s any knowled | dge.      | my knowledge and bellet              | , it is true, |
|  | ere       |   |  |   | 1 k  |                       |               |           | May the IRS discuss this re          |               |
|  |           | Signature of o  | officer                                | Date  | Title  |                       |               | _         | the preparer shown be instructions)? | No (See       |
| —<br>Pai   | q         | Preparer's  | <u> </u>                               |   | Date   |                       | Check if      |           | Preparer's SSN or PTI                | N             |
|  | u<br>pare | r's signature   | <b>/</b>                               |   |  |                       | self-employ   | ed 🗌      |                                      |               |
|  | e Onl     | FIIIII S Halli  | le (or<br>f-employed),                 |   |  |                       | EIN ▶         |           | !                                    |               |
| -550   | - 5111    | address, ar   | nd ZIP Code                            |   |  |                       | Phone         | no. (     | )                                    |               |

Form 1120-ND (Rev. 12-2001) Page **2** 

| Sch  | nedule L   | Balance S  | Sheets                   |   |             | (a) E     | Beginning of y    | ear             | (b) End o           | of year   |    |
|--|--|--|--------------------------|---|-------------|-----------|-------------------|-----------------|---------------------|-----------|----|
|  |  |  | Assets                   |   |             |           |                   |                 |                     |           |    |
| 1  |  |  |                          |   |             |           |                   |                 |                     |           | -  |
| 2  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| 3  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| 4  | State and  | d local governm  | ent obligations.         |   | . 4         |           |                   |                 |                     |           |    |
| 5<br>6   | Other ass  | sets (attach sch<br>ets Add lines 1  | eaule)<br>through 5      |   |             |           |                   |                 |                     |           |    |
| <del>-</del>   | 10101 033  |  | and Fund Balan           |   | . 0         |           |                   |                 |                     |           |    |
| 7  | Liabilities  |  |                          |   | 7           |           |                   |                 |                     |           |    |
| 8  | Fund bal   |  |                          |   |             |           |                   |                 |                     |           |    |
| 9  |  |  |                          | es 7 and 8                                  |             |           |                   |                 |                     |           |    |
| Sch  | nedule M   | Other Info   | ormation                 |   |             |           |                   |                 |                     | Yes       | No |
| 1a   | Enter nar  | ne of the electir  | ng taxpayer ►            |   |             |           |                   |                 |                     |           |    |
| b  | Enter the  | the employer identification number of the electing taxpayer ▶  |                          |   |             |           |                   |                 |                     |           |    |
| 2a   |  | Enter the amount of contributions the fund received during the year under section 468A(a) ▶ \$   |                          |   |             |           |                   |                 |                     |           |    |
| b  | Enter the amount of nuclear decommissioning costs allocable to the fund included in the electing taxpayer's cost of service for ratemaking purposes for the tax year • \$  |  |                          |   |             |           |                   |                 |                     |           |    |
|  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| C  |  |  |                          | under section 468A                          |             |           |                   |                 |                     |           |    |
| d  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| e  |  | Enter the amount of tax-exempt interest received for the year  |                          |   |             |           |                   |                 |                     |           |    |
| 3  | -  |  |                          |   |             |           | -                 |                 |                     |           |    |
| 4  |  |  |                          | or any purpose other<br>vestments, or for d |             |           |                   |                 |                     |           |    |
|  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| 5  |  | of a nuclear power plant owned or leased by the electing taxpayer? If "Yes," attach an explanation Self-dealing (See instructions on page 3.): |                          |   |             |           |                   |                 |                     |           |    |
| а  |  | •  |                          |   | e year, e   | either di | rectly or indi    | rectly, with    | one or more         |           |    |
|  | a Has the fund engaged in any of the following acts during the year, either directly or indirectly, with one or more disqualified persons?   |  |                          |   |             |           |                   |                 |                     |           |    |
|  | (i) Sale   | , exchange, or l   | leasing of prope         | rty   |             |           |                   |                 |                     |           | -  |
|  | (ii) Borrowing or lending of money or other extension of credit  |  |                          |   |             |           |                   |                 |                     |           |    |
|  | (iii) Furnishing of goods, services, or facilities   |  |                          |   |             |           |                   |                 |                     |           |    |
|  | (iv) Payment of compensation (or payment or reimbursement of expenses)   |  |                          |   |             |           |                   |                 |                     |           |    |
| <b>L</b>   | <ul><li>(v) Transfer to, or use by or for the benefit of, a disqualified person of any part of the fund's income or assets</li><li>b If any of lines 5a(i) through 5a(v) are answered "Yes," were all of the acts self-dealing exceptions? (See inst.)</li></ul>   |  |                          |   |             |           |                   |                 |                     |           |    |
| b  | 3  |  |                          |   |             |           | Ü                 | •               |                     |           |    |
| C  | c If the answer to line 5b is "No," attach a schedule listing the act; the date of the act; and the name, address, and identifying number of each trustee and/or disqualified person who engaged in the act.   |  |                          |   |             |           |                   |                 |                     |           |    |
| d  |  | , ,  |                          |   |             | _         |                   |                 | structions 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.")  |  |                          |   |             |           |                   |                 |                     |           |    |
| If "Yes," attach complete details of the corrective action. Also explain any uncorrected acts. |  |  |                          |   |             |           |                   |                 |                     |           |    |
|  |  |  |                          | nitial Taxes on Se                          |             |           |                   | •               |                     |           |    |
|  |  | 47.5   |                          | -Acts of Self-De                            | aling a     |           | •                 |                 |                     |           |    |
|  | ct number  | <b>(b)</b> Date  | e or act                 |   |             | (         | c) Description of | act             |                     |           |    |
| 2  |  |  |                          |   |             |           |                   |                 |                     |           |    |
|  | (6   | d) Names of disquali   | ified persons liable for | r tax (e) Names of trustees liable for tax  |             |           |                   |                 |                     |           |    |
|  | ·  | •  | ·                        |   |             |           |                   |                 |                     |           |    |
|  |  |  |                          |   |             |           |                   |                 |                     |           |    |
|  | (f) Amount in  | nvolved in act   | (g) Initial tax on self- | dealing disqualified person (               | (10% of col | umn (f))  | (h) Tax on        | trustee (if app | olicable) (21/2% of | column (f | )) |
|  |  |  |                          |   |             |           |                   |                 |                     |           |    |
|  |  |  |                          |   |             |           |                   |                 |                     |           |    |
| Total  |  |  |                          |   |             |           |                   |                 |                     |           |    |
|  | Section B.—Summary of Initial Taxes  Enter section 4951 tax on disqualified person (Section A. column (g))  1  |  |                          |   |             |           |                   |                 |                     |           |    |
| 1  | Ziner sociali 1701 tax eri disqualined person (sociali 17, sociali |  |                          |   |             |           |                   |                 |                     |           |    |
| 2  | Enter section 4951 tax on trustee (Section A, column (h))  |  |                          |   |             |           |                   |                 |                     |           |    |
| 3<br>4   | Tax paid with Form 2758  |  |                          |   |             |           |                   |                 |                     |           |    |
| 5  | Tax paid Will Form 2700.   |  |                          |   |             |           |                   |                 |                     |           |    |
| -  | in full with return. (Make check or money order payable to "United States Treasury.")  |  |                          |   |             |           | 5                 |                 |                     |           |    |
| 6  |  |  |                          |   |             |           |                   |                 |                     |           |    |