Form	1	12	0-N	D
-	_			

(Rev. December 2005)								
Department of the Treasury								
Internal Revenue Service								

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954

		enue Service											
For	the cal	endar year 20	, or fiscal year beg	nning	,20	, and ending		,20)				
÷	Nam	ne of fund								ntification number of	f fund		
or Print									(see instructions)				
л. Н	Nam	Name of trustee or disqualified person (complete if filing to report section 4951 taxes)											
ě													
Type	Addr	ress of filer. Numl	per, street, and room o	r suite no. If a P.O. b	ox, see instruct	ions.	1			mber of trustee or			
se								disqualified person (see instructions)					
Please	City	City or town, state, and ZIP code											
Δ.													
C	Returr	n filed for (see S	Specific Instructions,	check applicable	box): 🗌 Fun	d 🗌 Truste	е		Disqua	alified person			
D	Check	applicable box	kes: (1) 🗌 Final r	eturn (2)] Name chang	ge (3) 🗌 Add	lress ch	ange	(4)	Amended return	1		
E	The bo	ooks are in care	e of ►			Phone no. >	()					
		ed at ►											
				Part I_Con	nutation (of Fund Income	Tax						
	1						Ιάλ						
e	1	Taxable inter	rest					. L	1				
Income	2	Capital gain	net income (attac	h Schedule D (F	orm 1120))			. L	2				
ŏ	3	Other incom	e (attach schedule	e)				. L	3				
_	4	Gross incor	ne. Add lines 1 th	rough 3					4				
	5	Trustees fee	s						5				
ns	6	_							6				
ē	7	Accounting	and legal services						7				
ЦĊ	8								8				
Deductions	9 Total deductions. Add lines 5 through 8								9				
Õ	10 Modified gross income before net operating loss deduction. Subtract line 9 from						from li		10				
	11	Net operatin	g loss deduction (see instructions)				11				
	12	Modified gr	oss income. Subt	ract line 11 from	n line 10 .			· –	12				
	13	Total tax. M	ultiply line 12 by 2					. L	13				
	14	Payments:		1 1	. —								
	а	Overpaymer	nt from prior year										
		allowed as a	a credit .	14a									
s	b	Current yea	r estimated tax										
ments		payments		14b									
Ĕ	с	Refund appl	ied for on Form										
		4466		14c (1 1							
	d		e 14c from the tota		nd 14b	. 14d							
anc	е	•	ed with Form 7004			14e							
Tax and Pay	f		nts. Add lines 14d		<u>.</u> .			•	4f		<u> </u>		
Ę	15	Estimated tax	k penalty. Check if	Form 2220 is atta	ached 🗌 .		• •	· -	15		<u> </u>		
	16	16 Tax due. If line 14f is smaller than the total of lines 13 and 15, enter amount owed .							16				
									17				
	17	17 Overpayment. If line 14f is larger than the total of lines 13 and 15, enter amount overpaid						paid _			+		
	18	Enter amount	of line 17 you want: (redited to next ve	ar's estimated	tax 🕨	Refunde	· d he	18				
	<u> </u>	Is Enter amount of line 17 you want: Credited to next year's estimated tax ► Refunded ► Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t							-	ny knowledge and belief.	it is true.		
Sig													
He	-	•								May the IRS discuss this re the preparer shown bel			
		Signature of	officer	I	ate	Title				instructions)? Yes			
		<u> </u>	•			Date				Preparer's SSN or PTI	N		
Pai		Preparer's signature	1					eck if f-employed					
	parer	FILLSTIAL						EIN					
Use Only yours if self-employed), address, and ZIP Code								Phone no. ()					

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-ND** (Rev. 12-2005)

Form	1120-ND (Rev	v. 12-2005)								F	Page 2
Sch	hedule L Balance Sheets					(a) Beginning of year (b) End				of year	
			Assets								
1	Cash				. 1						<u> </u>
2											
3		J.S. government obligations							-		
4	State and local government obligations								_		<u> </u>
5	Other assets (attach schedule)							_		<u> </u>	
6	Total asse				. 6				-		
-			and Fund Balan		7						
7 8	Liabilities				· –						
о 9				es 7 and 8							<u> </u>
	nedule M				. 0					Yes	No
b				of the electing ta							
2a				received during the							
b				oning costs alloca	-			•			
				r ratemaking purp				\$			
с	Enter the	ruling amount	for the tax year	under section 468	A(d)(2) .		🕨	\$			
d	Enter the ar	nount of distribution	ons includible in inc	ome by the electing t	axpayer un	der secti	on 468A(c)(1) ►	\$			
е	Enter the	amount of tax-	-exempt interest	received or accru	ed for th	e year	🕨	\$			
3	During the y	/ear were any cor	ntributions received	other than cash payr	nents dedu	ictible by	the electing tax	payer un	der section 468A?		
4	During the	e year were fun	d assets used fo	or any purpose oth	ner than p	baying t	the fund's adn	ninistrati	ive or incidental		
				vestments, or for							
				d by the electing	taxpayer	? If "Ye	s," attach an	explana	tion		
5		ng (see instruc									
а			any of the follo	wing acts during t	he year,	either c	lirectly or indi	rectly, w	ith one or more		
		d persons?		. 							
				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) (v) Transfer to, or use by or for the benefit of, a disqualified person of any part of the fund's income or assets 										
b	b If any of lines 5a(i) through 5a(v) are answered "Yes," were all of the acts self-dealing exceptions? (see inst.)										
	-			a schedule listing							
				nd/or disqualified					,		
d	Has any s	self-dealer or t	rustee taken any	action to "correct	ct" any a	ct of s	elf-dealing? S	ee instru	uctions for the		
		of "correct."			· · · .	· · ·					
	If "Yes," a	ttach complete		orrective action. A							
				-Acts of Self-D		<u> </u>					
(a) A	ct number	(b) Date	e of act		canny c		(c) Description of				
<u>(</u> , , ,)		(2, 24)					.,				
2											
	(d) Names of disqualified persons liable for tax					(e) Names of	trustees I	iable for tax			
						(6)					
	(f) Amount in	volved in act	(g) Initial tax on self-	lealing disqualified persor	n (10% of co	umn (f))	(h) Tax on	trustee (if	applicable) (21/2% of	column (t))
Tota	al										
		,	Se	ction B.—Sumr	nary of	Initial	Taxes				
1											
2											
3											
4											
5	Tax due.	Enter the exce	ss, if any, of line	3 over line 4. (De	o not ent	er this	amount in Pa		y		
-		•	•	order payable to			• •		5		<u> </u>
6	Overpaym	nent. Enter the	excess, if any, o	of line 4 over line			<u></u>		6		
	Printed on recycled paper Form 1120-ND (Rev. 12								2-2005)		