Form	1120-ND	
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(Rev. July 1991)

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954 Expires 2-28-94

	artment of th nal Revenue	he Treasury e Service	Instruction	s are separa	ite. See page	1 for Par	erwork Reduction	n Act I	Notice.			
For	the calenc	dar year 19	, or fiscal year beginni	-	, 19		ending		, 19			
rint								Employer identification number of fund (see instructions)				
be or Print	Name of trustee or disqualified person (complete if filing to report section 4951 taxes)											
ise Type	Address of filer.—Number, street, and room or suite no. (If a P.O. box, see page 3 of Instructions.)								B Identifying number of trustee or disqualified person (see instructions)			
Please	City or town, state, and ZIP code											
с	Return fil	led for (see	Specific Instructions,	check applic	able box):	Fund	Trustee		Disqualit	fied person		
D	Check ap	pplicable bo	oxes: (1) 🗌 Final r	eturn	(2)	Change i	n address	(:	3) 🗌 Amende	d return		
	I			Part I—0	Computatio	on of Fu	nd Income Ta	x				
Je		axable inte							. 1			
Income			n net income (attach								—	
	3 C 4 G	other incor Gross incor	ne (attach schedule me. Add lines 1 thro	e) Duah 3				• •				
			es									
									. 6			
JS			and legal services.						7			
tior		-	ctions (attach sche									
luc			tions (add lines 5 tl									
Deductions		-	oss income before	•	-							
	11 N 12 M	let operati	ng loss deduction (oss income. Subtra	See Specific	c Instruction	s.)		• •	· 11 · 12			
			Enter 34% of line 1						13			
	14 P	ayments:		∠ 	· · · · ·		· · · · ·	· ·				
	a	llowed as	nt from prior year a credit	14a								
nts	р	ayments	ar estimated tax	14b								
ayments	F	orm 4466	d applied for on	14c (14d					
			ne 14c from the tota			u	14e					
and		•	<pre>c deposited with Form 7004</pre>									
Тах			enalty for underpayn	•	nated tax—ch	neck if Fo	rm 2220 is attach	ed 🗌	15		—	
	16 Tax due. If the total of lines 13 and 15 is more than line 14f, enter amount owed .								. 16			
	17 Overpayment. If line 14f is more than the total of lines 13 and 15, enter amount overpaid								17			
	18 Ei	nter amount	of line 17 you want: C	redited to ne	kt year's estin	nated tax I	► Ref	unded	▶ 18			
	The book Located		re of ▶				Telephone nu	mber I	• ()			
Si	ease gn	belief, it is	nalties of perjury, I declare s true, correct, and comple	te. Declaration of								
He	ere	Signa	ature of person filing retu	rn		C	ate	Title				
Pa		Preparer' signature	s			C		Check i employe	fself- 🔄 🕴	parer's social securit	y number	
Preparer's Use Only			elf-employed)						I. No. ►			

Form 1120-ND (Rev. 7-91)

Schedule L Balance Sheets					Beginning of year End			End of	/ear	<u> </u>	
			Assets								[]/////.
1	Cash				1						
2		icates of deposit									
3		government obligations									
4			0		4						
5	Other assets (a				5						
6											
7	Liabilities and Fund Balance 7									///////////////////////////////////////	///////
7 8	Liabilities Fund balance	• • • •			8						
9											
Sc	Schedule M Other Information (See instructions on page 3.)										No
1a	Enter name	of the elec	ting taxpayer 🕨								
b				er of the electing ta	xpayer	▶					
2a	Enter the amo	ount of cont	tributions the fun	d received during the	e year ui	nder sec	tion 468A(a) 🕨	• \$			
b	Enter the am	ount of nuc	clear decommiss	ioning costs allocat	ole to th	e fund th	hat is included	l			
				e for ratemaking p			-				
С		-	•	r under section 468							
d				come by the electing ta							
e			•	st received for the y							//////.
3		-		ed other than cash payr							
4	During the y	ear were fu	ind assets used	for any purpose oth investments, or for	ner than	paying	the fund's ad	ministrativ	e or incidental		
				sed by the electing						~///////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Self-dealing:		it owned of leas	sed by the electing	ιαπράγο						
a	-		in any of the fol	owing acts during t	he vear	either	directly or ind	irectly with	h one or more		
	disqualified			owing dots during t	ino you			noong, ma			
	•		r leasing of prop	erty							
				other extension of	credit						
	(iii) Furnish	ing of good	ds, services, or f	acilities							
	(iv) Payment of compensation (or payment or reimbursement of expenses)										
				enefit of, a disqualifi					ome or assets		
b	•		•	nswered "Yes," wer			•				
С				chedule listing the a				the name,	address, and		
Ь				/or disqualified pers				oo coction	4051(a)(2) for		
u	d Has any self-dealer or trustee taken any action to "correct" any act of self-dealing? (See section 4951(e)(3) for the definition of "correct.")									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				corrective action; a	also exp	iain any	uncorrected	acts.			
				Initial Taxes on S							
				A.—Acts of Self-I	Dealing						
(a)	Act number	(b) Date	e of act			((c) Description of	act			
1 2	• • • • • • • • • • • • • • • • • • • •										
	(d) Names of disqualified persons liable for tax (e) Names of trustees liable for tax										
(f) Amount involved in act (g) Initial tax on self-dealing disqualified person (10% of column (f)) (h)					(h) Tax on	trustee (if app	olicable) (21/2% of a	olumn ((f))		
Total											
		1054			-				1		
2										<u> </u>	
3 4											
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 "Internal Revenue Service.")											
6											