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Form		120	-NU

(Rev. February 2007) ortmont of the Tre

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954

		enue Service											
For	the cal	endar year 20	, or fiscal year begi	nning	, 20	, and en	ding		, 20	•			
rint	Nam	ame of fund							Employer identification number of fund (see instructions)				
e or Print	Nam	Name of trustee or disqualified person (complete if filing to report section 4951 taxes)											
Please Type	Addr	Address of filer. Number, street, and room or suite no. If a P.O. box, see instructions.							B Identifying number of trustee or disqualified person (see instructions)				
Plea	City or town, state, and ZIP code												
С	Return	n filed for (see S	pecific Instructions,	check applicable b	oox): 🗌 Fur	nd	Trustee	ł	🗌 Disqu	alified person			
D	Check	applicable boxe	.,		Name chan	-	(3) Addres		• • • •	Amended return			
	E The books are in care of ► Phone no. ► () Located at ►												
				Part I—Com	putation	of Func	I Income Ta	ax					
Ð	1	Taxable inter	est						1				
Income	2	Capital gain i	net income (attacl						2				
ğ	3	Other income	e (attach schedule)					3				
-	4	Gross incom	e. Add lines 1 th	ough 3					4				
	5		S										
S	6								6				
Deductions	7								7				
pt	8	-	Accounting and legal services										
ğ	9		Total deductions. Add lines 5 through 8								-		
å	10	Modified gross income before net operating loss deduction. Subtract line 9 from lir							4 10				
	11												
	10		oss income. Subt								+		
	12	-									-		
	13		Itiply line 12 by 2	0%					10		-		
	14	Payments:	<i>.</i> .										
	а		from prior year credit	14a									
	b												
ents	D	-	estimated tax	14b									
Jer	_	payments											
, where the second seco	с	4466.	ed for on Form	14c (
Рауі	d		14c from the tota		d 1/b	-	l4d	1					
and	e					· · ⊢	14e						
a	f	Tax deposited with Form 7004 14e Total payments. Add lines 14d and 14e											
Тах	15		penalty. Check if		ched \Box				14f 15		-		
	15	Estimated tax	penalty. Oneok n										
	16	Tax due. If lin	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 overpain							id 17				
	18	Enter amount o	f line 17 you want: C	redited to next year	r's estimated	l tax 🕨	Rei	funded	► 18				
		18 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							d to the best of	my knowledge and belief	, it is true		
Si	gn 🗎	correct, and comple	nowledge.										
He										May the IRS discuss this return with the preparer shown below (see			
-		Signature of o	officer	Dat	te	Title					No		
Pai		Preparer's signature				Date		Check	if nployed	Preparer's SSN or PTI	N		
	parer	f'S Firm's nam	e (or					<u> </u>					
Use	Use (Inly yours if self-employed),					hone no. ()						
		uuuress, di						' '		/			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-ND** (Rev. 2-2007)

	1120-ND (Re	v. 2-2007)									P	age 2	
Sch	chedule L Balance Sheets				(a) Beginning of year				b) End of	year			
			Assets										
1	Cash.				1								
2		sn </th <th></th> <th></th> <th></th>											
3		overnment obligations											
					·								
4													
5 6				· · · · · · ·									
0	10101 055				. 6								
			and Fund Balan	ce	-								
7	Liabilities												
8													
9				es 7 and 8	. 9								
	nedule M										Yes	No	
1a	Enter nar	ne of the electin	ng taxpayer 🕨 .										
b	Enter the	employer ident	ification number	of the electing ta	xpayer 🕨	•							
2a	Enter the	amount of contri	butions the fund	received during the	year und	er secti	on 468A(a) 🕨	\$					
b	Enter the	ruling amount	for the tax year	under section 468	A(d)(2).		►	\$					
с				ome by the electing ta									
d				received or accru									
3				other than cash payn						468A?			
4	-			or any purpose oth									
4				vestments, or for									
				d by the electing									
5		ng (see instruct		a by the electing	ιαλράγει	: 11 10	s, attach an	explanation	••••	• •			
			,										
а			any of the follo	wing acts during t	ne year, o	eitner a	lirectly or indir	ectly, with	one o	r more			
		ed persons?											
				rty					• •	• •			
				ther extension of									
				cilities									
				ent or reimbursen									
				efit of, a disqualifi									
b	If any of	lines 5a(i) throu	gh 5a(v) are ans	wered "Yes," were	all of the	e acts s	self-dealing ex	ceptions?	(see ir	nst.) .			
С	If the ans	wer to line 5b i	is "No," attach a	a schedule listing	the act; t	he date	e of the act; a	nd the nam	ne, ad	dress,			
	and ident	ifying number o	of each trustee a	nd/or disqualified	person v	vho eng	gaged in the a	ict.					
d	Has any	self-dealer or t	rustee taken any	action to "corre	ct" any a	act of s	elf-dealing? S	ee instruct	ions f	or the			
		of "correct." .											
	If "Yes," a	attach complete		orrective action. A									
				itial Taxes on S									
			Section A	-Acts of Self-D	ealing a								
(a) A	ct number	(b) Date	e of act				(c) Description of	act					
1.													
2	2												
	(0	d) Names of disqual	ified persons liable for	or tax			(e) Names of	trustees liable	for tax				
			1				1						
(f) Amount involved in act (g) Initial tax on self-dealing disqualified person (1			(10% of col	umn (f))	(h) Tax on t	trustee (if appl	licable)	(21/2% of co	olumn (f))			
Total													
Section B.—Summary of Initial Taxes													
1 Enter section 4951 tax on disqualified person (Section A, column (g))													
2 Enter section 4951 tax on trustee (Section A, column (h))													
3 Total section 4951 taxes (add lines 1 and 2)													
4 Tax paid with Form 7004													
5 Tax due. Enter the excess, if any, of line 3 over line 4. (Do not enter this amount in Part I.) Pay							T	_					
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													

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