Form **1120-ND**

(Rev. October 2013)

Department of the Treasury Internal Revenue Service

Return for Nuclear Decommissioning Funds and Certain Related Persons

OMB No. 1545-0954

▶ Information about Form 1120-ND and its separate instructions is at www.irs.gov/form1120nd.

For	calend	ar year 2	o, or fiscal year beginning		, 20	, and endir	ng	, 20		-		
Print	Nam	Name of fund						A Employer i	identification number of fund ctions)			
ŏ	Name of trustee or disqualified person (complete if filing to report section 4951 taxes)											
e Type										of trustee (see instruc		
Please	City or town, state or province, country, ZIP or foreign postal code											
C Return filed for (see Specific Instructions, check applicable box): Fund Trustee D										d person		
D Check applicable boxes: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change									(4) <u> </u>	mended r	eturn	
E The books are in care of ▶ Phone no. ▶												
	Located at ►											
Part I—Computation of Fund Income Tax												
ē	1	Tax	able interest						1			
Income	2		oital gain net income (attach S						2			
<u>ျှ</u>	3		er income (attach schedule)						3			
_	5		ss income. Add lines 1 throustees fees						5			-
S	6								6			-
Ö	7	Taxes										
Ţ	8											
Deductions	9 Total deductions. Add lines 5 through 8											
Ŏ	10	10 Modified gross income before net operating loss deduction. Subtract line 9 from line 4 .										
	11								11 12			
	12 13	3 · · · · · · · · · · · · · · · · · · ·										-
	14		ments:	70					13			-
	a	-	rpayment from prior year									
			wed as a credit	14a								
nts	b		rent year estimated tax ments	14b								
ayments	С		und applied for on Form 6	14c ()						
<u>α</u>	d		tract line 14c from the total of	of lines 14a	and 14b		14d					
Tax and	е		deposited with Form 7004				14e		4.44			
×	1 f		al payments. Add lines 14d a						14f 15			-
Ĕ	 Estimated tax penalty. Check if Form 2220 is attached											
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1											<u> </u>
	17 Overpayment. If line 14f is larger than the total of lines 13 and 15, enter amount overpaid											
	18		r amount of line 17 you want: Cre					Refunded ►	18			
Çi	,	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								y knowledge	and belief, i	t is true,
Sign Here		Signature of officer Date Title								May the IRS dinne preparer nstructions)?	scuss this retu shown below	w_(see
	 : al	, ડાડ્	Print/Type preparer's name	Pre	eparer's sig		11.0	Date		. 🗆	PTIN	
Pa			•• •	[, 3.5	,				k ∐ if mployed		
	epar	1	Firm's name ►					I		EIN ►		
US —	e Oı	ıııy	Firm's address ►						Phone			

Schedule L Balance Sheets						(a) Beginning of year (b) End					of year		
			Assets										
1					1								
2													
3													
4													
5	Other ass	sets (attach scl	hedule)		. 5								
6	Total ass	Total assets. Add lines 1 through 5											
_			s and Fund Bal	_									
7													
8													
9 Solar		Other Info		nes 7 and 8	. 9						Yes	No	
											163	NO	
1a h	0 1 7												
b 2a	Enter the employer identification number of the electing taxpayer												
b	• · · · · · · · · · · · · · · · · · · ·												
C													
d	Enter the amount of tax-exempt interest received or accrued for the year												
3	During the year were any contributions received other than cash payments deductible by the electing taxpayer under section 468A?												
4	During the year were fund assets used for any purpose other than paying the fund's administrative or incidental												
	expenses (including taxes), for making investments, or for direct or indirect payment of decommissioning costs of												
	a nuclear power plant owned or leased by the electing taxpayer? If "Yes," attach an explanation												
5	Self-dealing (see instructions):												
а	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	e, exchange, o	r leasing of prop	erty									
	(i) Sale, exchange, or leasing of property												
	(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	If any of lines 5a(i) through 5a(v) are answered "Yes," were all of the acts self-dealing exceptions? (see inst.)												
С	3												
Ч	identifying number of each trustee and/or disqualified person who engaged in the act.												
u	d Has any self-dealer or trustee taken any action to "correct" any act of self-dealing? See instructions for the definition of "correct."												
	If "Yes," attach complete details of the corrective action. Also explain any uncorrected acts.												
				Initial Taxes on S									
				Acts of Self-D				n					
(a) Ac	t number	(b) Dat	e of act			(c)	Description of ac	;t					
1 _													
2													
	(d) Names of disqualified persons liable for tax					(e) Names of trustees liable for tax							
(f) Amount in	volved in act	on (10% of c	olumn (f))	(h) Tax on t	rustee (if ap	plicable)	(2 ¹ / ₂ % of co	olumn (f	7)			
	(f) Amount involved in act (g) Initial tax on self-dealing disqualified pers					rson (10% of column (f)) (h) Tax on trustee (if applicable) (2 ¹ / ₂ % of co							
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	, , ,												
•	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												