Form **1120-SF**

(October 1993)

U.S. Income Tax Return for Settlement Funds (Under Section 468B)

Department of the Treasury Internal Revenue Service												Exp	ares 8-31-96		
		ar beginning										- 1			
Print	Nam	ne of fund							Employe	er identi	fication nu	mber of fi	und (see instr	uctions)	
Number, street, and room or suite no. (If a P.O. box, see instructions.)															
Please Type or Print	City or town, state, and ZIP code														
Plea	Nan	ne and address of a	administrator (see i	nstructions)											
Ρ	Ch art I	eck applicable I Income a	boxes: I nd Deductio		al return d (see ins		2) 🗌	Chang	ge of add	dress		(3)	Amende	d return	
	1										1				
	2	Taxable interest									2				
Income	3	Capital gain net income (attach Schedule D (Form 1120))											_		
ğ	4		tems of income or gain from a partnership interest												
-	5	Other income	(attach schedu	ıle)							. 5	_			
Deductions	6	Gross income. Add lines 1 through 5									-				
	7	Trustee/admini	istrator fees								-				
	8										_			_	
		Accounting an	-											<u> </u>	
nci	10	Notification of		•	• •						•				
ed	11 12	Other deduction	deduction, or a		•	•					·			<u> </u>	
Δ	12	Net operating												<u> </u>	
	14	Total deduction	ons. Add lines	7 through 1											
Ρ	art II	Tax Com		0								-			
	15	•									. 15				
	16	Total tax—Ent	ter 39.6% of lir	ne 15 (see i	nstructions	5)					. 16				
	17	Credits and p	ayments:				I								
	а	Overpayment as a credit .	from prior year		17a										
	h	Current voor o	ctimated tax n	aumonto	17b										
		-	ent year estimated tax payments 17b												
		applied for on	Form 4466		17c										
	d	Subtract line 1	7c from the to	tal of lines	17a and 17	7b		17d							
		Tax deposited						17e							
	f														
	18											_		_	
	19 Tax due —If the total of lines 16 and 18 is more than line 17f, enter an							er amou	unt owe	d.	. 19				
	20	Overpayment—If line 17f is more than the total of lines 16 and 18, enter amount overpaid													
	21	Enter amount of	nter amount of line 20 you want: Credited to next year's estimated tax												
		Refunded			<u></u>						. 21				
Please Sign		Under penalt belief, it is tru	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge an belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												
H	ere	Signature	e of person filing re	eturn			Da	ite	— J	Title					
Paid Preparer' Use Only		signature								Check Preparer's social security number if self- employed					
		Tell'S Firm's name (or									E.I. No.				
		and address	yours if self-employed) and address								ZIP code ►				

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 1120-SF (10-93)

Sc	hedule L Balance Sheets	Beginning of year	End of	year				
	Assets							
1	Cash							
2	U.S. Government obligations							
3	State and local government obligations							
4	Other investments (attach schedule)							
5	Other assets (attach schedule)							
6	Total assets. Add lines 1 through 5							
-	Liabilities and Fund Balance 7		l I					
7	Liabilities							
8	Fund balance 8							
9	Total. Add lines 7 and 8							
Add	litional Information			Yes No				
1a	Enter the amount of cash and the fair market value of property, valued at the date of the transfer, transferred to the fund during the tax year							
b	For transfers of property included on line 1a, attach a copy of each qualified appraisal and the statements received from a transferor under Regulations sections 1.468B-3(b) and 1.468B-3(e).							
с	Were amounts transferred to the fund during the tax year by a person other than a transferor?							
2	Enter the amount of tax-exempt interest received or accrued during the tax year							
	Were direct and indirect distributions made to claimants during the tax year?							
4a	Did the fund make any distributions (including deemed distributions) to a transferor or related party during the tax year?							
b	If "Yes," enter the amount of the total distributions and attach a statement showing the name, taxpayer identifying number, and the amount of distributions to each transferor or related party							
5a	Check the type of liability (or liabilities) for which the fund was established.							
	□ Tort							
	Breach of Contract							
	□ Violation of Law							
	Other							
b 6	If "Other" is checked, enter the percent (by value) of the assets of the fuliability	ber under which the	%					