Department of the Treasury

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

OMB No. 1545-0986 Expires 4-30-94

| _                              |        | and service   |   |                         |              |               |          |
|--------------------------------|--------|---|---|-------------------------|--------------|---------------|----------|
| For                            |        | endar year 19 , or fiscal year beginning , 19 , and ending  |   | . 19                    |              |               |          |
| _                              | Nam    | e of fund a. Ei   | mployer identi                          | fication nu             | ımber of fur | nd (see instr | uctions) |
| Ξ                              |        |   |   |                         |              |               |          |
| ۵                              | hhA    | ress of fund (Number, street, and room or suite no. (If a P.O. box, see page 2 of instructions.))  b. N       | Jame of ele                             | ecting ta               | xnaver       |               |          |
| 5                              | Auu    | b. N  | varrie or ele                           | me of electing taxpayer |              |               |          |
| be                             |        |   |   |                         |              |               |          |
| Type or Print                  | City   |   | mployer id                              |                         |              | per of ele    | cting    |
| Please                         |        | Ta ta   | axpayer (se                             | e instru                | ctions)      |               |          |
| ea:                            | Nam    | ne of trustee or administrator  |   |                         |              |               |          |
| ₫                              | Ivan   | it of trustee of administrator  |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
| d                              | . Ad   | dress of trustee/administrator, if different ▶  |   |                         |              |               |          |
| e                              | . Ch   | eck applicable boxes: (1)  Final return (2)  Change in address  |   | (3)                     | Ame          | ended r       | eturn    |
|                                | rt I   | Income and Deductions of Fund (see instructions)  |   | (-)                     | _            |               |          |
|                                |        | ·   | 1                                       |                         |              |               |          |
| a١                             | 1      | Taxable interest  | . 1                                     |                         |              |               |          |
| Income                         | 2      | Dividends   | . 2                                     |                         |              |               |          |
| ᅙ                              | 3      | Capital gain net income (attach Schedule D (Form 1120))   | 3                                       |                         |              |               |          |
| 2                              |        |   | 4                                       |                         |              |               |          |
| _                              | 5      | Other income (attach schedule)  |   |                         |              |               |          |
|                                | 3      | Gloss income. Add lines i tillough 4,   | . 5                                     |                         |              |               |          |
|                                | 6      | Trustees/administrators fees  | . 6                                     |                         |              |               |          |
|                                | 7      | Taxes   | 7                                       |                         |              |               |          |
| L                              | _      |   | . 8                                     |                         |              |               |          |
| .0                             | 8      | Accounting and legal services (attach schedule)   |   |                         |              |               |          |
| ರ                              | 9      | Other deductions (attach schedule)  | . 9                                     |                         |              |               |          |
| 귱                              | 10     | Total deductions. Add lines 6 through 9   | . 10                                    |                         |              |               |          |
| Deductions                     | 11     | Modified gross income before net operating loss deduction. Subtract line 10 from line 5                       |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
|                                | 12     |   |   |                         |              | -             |          |
|                                | 13     | Modified gross income. Subtract line 12 from line 11  | . 13                                    |                         |              |               |          |
| Pa                             | rt II  | Tax Computation   |   |                         |              |               |          |
|                                | 14     | Total tax—Enter 31% of line 13 (see instructions)   | . 14                                    |                         |              |               |          |
|                                | 15     | Credits and payments:   |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
|                                | а      | Overpayment from prior year allowed   |   |                         |              |               |          |
|                                |        | as a credit   |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
|                                | b      | Current year estimated tax payments. 15b  |   |                         |              |               |          |
|                                |        | Carrotte year communication paymonts.   | /////////////////////////////////////// |                         |              |               |          |
|                                | С      | Refund of overpaid estimated tax  |   |                         |              |               |          |
|                                |        | applied for on Form 4466 <u>15c</u>   |   |                         |              |               |          |
|                                |        |   | /////////////////////////////////////// |                         |              |               |          |
|                                | d      | Subtract line 15c from the total of lines 15a and 15b 15d   |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
|                                |        | Tax deposited with Form Foot  | 15f                                     |                         |              |               |          |
|                                | Ť      | Total credits and payments (add lines 15d and 15e)  | . 15f                                   |                         |              |               |          |
|                                | 16     | Estimated tax penalty (see page 2 of instructions) Check if Form 2220 is attached                             | <u> </u>                                |                         |              |               |          |
|                                | 17     | Tax due—If the total of lines 14 and 16 is more than line 15f, enter amount owed                              | 17                                      |                         |              |               |          |
|                                | 18     | Overpayment—If line 15f is more than the total of lines 14 and 16, enter amount overpaid                      |   |                         |              |               |          |
|                                |        | ·   | 18                                      |                         |              |               |          |
|                                | 19     | Enter amount of line 18 you want:   | 10                                      |                         |              |               |          |
|                                |        | Credited to next year's estimated tax ►   | -                                       |                         |              |               |          |
|                                |        | Refunded  | 19                                      |                         |              |               |          |
| The                            | book   | s are in the care of ► Telephone number ► (   | )                                       |                         |              |               |          |
| Loc                            | ated a | at <b>&gt;</b>  |   |                         |              |               |          |
|                                |        | Under penalties of perjury, I declare that I have examined this return, including accompanying schedul-       | es and sta                              | tements                 | , and to     | the best      | of my    |
|                                |        | knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas | sed on all ir                           | nformati                | on of whi    | ch prepai     | rer has  |
| Please<br>Sign<br>Here         |        | any knowledge.  |   |                         |              |               |          |
|                                |        |   |   |                         |              |               |          |
|                                |        | <u> </u>  |   |                         |              |               |          |
|                                |        | Signature of person filing return Date Title  |   |                         |              |               |          |
|                                |        | Propagation Date Check  |   | Prepa                   | rer's socia  | I security i  | number   |
| Paid<br>Preparer's<br>Use Only |        | riepaters if self-  |   |                         |              |               |          |
|                                |        | ''s -   |   |                         |              |               |          |
|                                |        |   | . No. ►                                 |                         |              |               |          |
|                                |        | and address ZIF   | P code ►                                |                         |              |               |          |

Form 1120-DF (Rev. 7-91) Page **2** 

| <ul> <li>1a Enter the amount of qualified payments the fund received during the year under section 468B(b)(3)(A)</li></ul>   | FOIIII                 | 1120-DF (Rev. 7-91)  |                       |         |               | Page Z |  |  |  |
|--|------------------------|--|-----------------------|---------|---------------|--------|--|--|--|
| 1 Cash   | SC                     | HEDULE L Balance Sheets  | Beginning of year End | of year |               |        |  |  |  |
| 2 U.S. Government obligations  | 1                      |  | 1                     |         |               |        |  |  |  |
| 3 State and local government obligations   | •                      |  |                       |         |               |        |  |  |  |
| 4 Other investments (attach schedule)  | 2                      | U.S. Government obligations  | 2                     |         |               |        |  |  |  |
| 5 Other assets (attach schedule)   | 3                      | State and local government obligations   | 3                     |         |               |        |  |  |  |
| Liabilities and Fund Balance 7 Liabilities   | 4                      | Other investments (attach schedule)  | 4                     |         |               |        |  |  |  |
| Liabilities and Fund Balance 7 Liabilities   | 5                      | Other assets (attach schedule)   | 5                     |         |               |        |  |  |  |
| 7 Liabilities  | 6                      | Total assets (add lines 1 through 5)   | 6                     |         |               |        |  |  |  |
| 7 Liabilities  |                        | Liabilities and Fund Balance   |                       |         |               |        |  |  |  |
| 9 Total (add lines 7 and 8)  | 7                      | Liabilities  | 7                     |         |               |        |  |  |  |
| Additional Information  1a Enter the amount of qualified payments the fund received during the year under section 468B(b)(3)(A)  | 8                      | Fund balance   | 8                     |         |               |        |  |  |  |
| <ul> <li>1a Enter the amount of qualified payments the fund received during the year under section 468B(b)(3)(A)</li></ul>   | 9                      | Total (add lines 7 and 8)  | 9                     |         |               |        |  |  |  |
| <ul> <li>468B(b)(3)(A)</li></ul>   | Additional Information |  |                       |         |               |        |  |  |  |
| <ul> <li>468B(b)(3)(A)</li></ul>   |                        |  |                       |         |               |        |  |  |  |
| <ul> <li>b If any qualified payments included on line 1a were property rather than cash, attach a schedule listing the property and its fair market value at the time of the payment.</li> <li>c Enter the amount of tax-exempt interest received for the year \$</li> <li>d Enter the Court Order Number under which the fund was established</li></ul> | 1a                     |  |                       |         |               |        |  |  |  |
| <ul> <li>c Enter the amount of tax-exempt interest received for the year \$</li> <li>d Enter the Court Order Number under which the fund was established</li></ul>   | b                      | If any qualified payments included on line 1a were property rather than cash, attach a schedule listing the property |                       |         |               |        |  |  |  |
| <ul> <li>d Enter the Court Order Number under which the fund was established</li></ul>   | С                      |  |                       |         |               |        |  |  |  |
| <ul> <li>During the year were there any transfers to the fund other than qualified payments deductible by the electing taxpayer under section 468B?</li></ul>  | d                      |  |                       |         |               |        |  |  |  |
| taxpayer under section 468B?   | 2                      |  |                       |         |               |        |  |  |  |
| expenses (including taxes), for making investments, or for direct or indirect payment of claims against the electing taxpayer under section 468B(d)(2)? If "Yes," attach an explanation  |                        |  |                       |         |               |        |  |  |  |
| taxpayer under section 468B(d)(2)? If "Yes," attach an explanation   | 3                      |  |                       |         | <i>X/////</i> |        |  |  |  |
|  |                        | expenses (including taxes), for making investments, or for direct or indirect payment of claims against the electing |                       |         |               |        |  |  |  |
|  |                        |  |                       |         |               |        |  |  |  |
| 4 Do any of the trustees/administrators have any business relationship with the electing taxpayer that created the fund? If "Yes," attach a schedule listing their names and business relationship   | 4                      |  |                       |         |               |        |  |  |  |