

Please Type or Print	Name of fund	Employer identification number of fund (see instructions)
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state or province, country, and ZIP or foreign postal code	
	Name and address of administrator (defined on page 3 of the instructions)	

Check applicable boxes: (1) Final return (2) Name change (3) Address change (4) Amended return

Part I Income and Deductions (see instructions)

Income	1 Taxable interest	1		
	2 Dividends	2		
	3 Capital gain net income (attach Schedule D (Form 1120))	3		
	4 Items of income or gain from a partnership interest	4		
	5 Other income (attach schedule)	5		
	6 Gross income. Add lines 1 through 5	6		
Deductions	7 Trustee/administrator fees	7		
	8 Taxes	8		
	9 Accounting and legal services (attach schedule)	9		
	10 Notification of claimants and claim processing expenses	10		
	11 Other deductions (attach schedule)	11		
	12 Net operating loss deduction	12		
	13 Total deductions. Add lines 7 through 12	13		

Part II Tax Computation (see instructions)

14 Modified gross income. Subtract line 13 from line 6	14		
15 Total tax. Multiply the amount on line 14 by 39.6%	15		
16 Credits and payments:			
a Overpayment from prior year allowed as a credit	16a		
b Current year estimated tax payments	16b		
c Refund of overpaid estimated tax applied for on Form 4466	16c		
d Subtract line 16c from the total of lines 16a and 16b	16d		
e Tax deposited with Form 7004	16e		
f Total credits and payments (add lines 16d and 16e)	16f		
17 Estimated tax penalty (see instructions). Check if Form 2220 is attached	17		
18 Tax due. If the total of lines 15 and 17 is more than line 16f, enter amount owed	18		
19 Overpayment. If line 16f is more than the total of lines 15 and 17, enter amount overpaid	19		
20 Enter amount of line 19 you want: Credited to next year's estimated tax ► _____ Refunded ► _____	20		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of fund administrator	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no.

Schedule L Balance Sheets		(a) Beginning of year	(b) End of year
Assets			
1	Cash	1	
2	U.S. Government obligations	2	
3	State and local government obligations	3	
4	Other investments (attach schedule)	4	
5	Other assets (attach schedule)	5	
6	Total assets. Add lines 1 through 5	6	
Liabilities and Fund Balance			
7	Liabilities	7	
8	Fund balance	8	
9	Total. Add lines 7 and 8	9	

Additional 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).		
c	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 \$ _____		
3a	Were direct and indirect distributions made to claimants during the tax year? ▶		
b	If "Yes," enter the amount of the total distributions \$ _____		
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, 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. <input type="checkbox"/> Tort <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Violation of Law <input type="checkbox"/> CERCLA <input type="checkbox"/> Other		
b	If "Other" is checked, enter the percent (by value) of the assets of the fund that are allocated to the "Other" liability ▶ _____ % Attach a statement describing the type of liability (or liabilities).		
6	If the fund was established by a court order, enter the Court Order Number under which the fund was established _____		