Form 1041-N

U.S. Income Tax Return for Electing Alaska Native Settlement Trusts

Department of the Treasury Internal Revenue Service

▶ Information about Form 1041-N and its separate instructions is at www.irs.gov/form1041n.

OMB No. 1545-1776

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	calendar		, 20	, and e	ending			, 20 .		
	art i	General Information								
1 Name of trust						2 Employer identification number				
За	Name and	d title of trustee			4	1 Name	of sponsoring Alas	ka Native Corporation		
3b	Number 6	street, and room or suite no. (If a P.O. box, see the	instructions)							
SD	Number, s	street, and footh of suite no. (if a F.O. box, see the	e instructions.)							
3с	City or tow	n, state, and ZIP code				5 Was	Form 1041 filed i	n the prior year?		
						Y₀	es 🔲 No			
6 C	neck annli	cable boxes: Amended return	Final return Change in	fidualende ne		Chana	a in fiducionale o	dduooo		
			-mai return Change in	fiduciary's na	ime	_ Chang	e in fiduciary's a	duress		
Pa	rt II	Tax Computation								
		nterest income	1			∟	1a			
	b T	Tax-exempt interest. Do not include on	line 1a	1b						
Income	2a T	Total ordinary dividends				.	2a			
0		Qualified dividends (see instructions)	1	2b		1 1				
၁		· ·					3			
=		Other income. List type and amount					4			
		Total income. Combine lines 1a, 2a, 3, and 4								
							5			
		Taxes				-	6			
JS	7 T	Trustee fees				. L	7			
<u>.</u> ō	8 A	Attorney, accountant, and return prepar	rer fees			.	8			
Deductions	9 (Other deductions not subject to the 2%	floor (attach schedule) .			. [9			
ᅙ		Allowable miscellaneous itemized deductions subject to the 2% floor					10			
9						·	11			
_		Exemption (see the instructions)								
							12			
		Taxable income. Subtract line 12 from				▶	13			
40		Tax. If line 13 is a (loss), enter -0 Otherwise, see the instructions and check the								
ij	a	applicable box: $\ \ \square$ Multiply line 13 by	10% (.10) or Schedule	D		•	14			
Payments	15	Credits (see the instructions). Specify ▶	•				15			
Ž		Credits (see the instructions). Specify ► Subtract line 15 from line 14					16			
a							17			
and		Fotal tax. Add line 16 and line 17 (see the instructions)					18			
ax i							19			
Ta	20 1	Fax due. If line 19 is smaller than line 18, enter amount owed					20			
-	21 (Overpayment. If line 19 is larger than line 18, enter amount overpaid					21			
	22 A	Amount of line 21 to be: a Credited to next year's estimated tax ▶ b Refunde					22			
Pa	rt III	Other Information					1	•		
1 During the tax year, did the trust receive assets from a sponsoring Alaska Native Corporation? If "Y								he Yes No		
•		structions for the required attachment								
^		•	bution from or was it the are	ntor of or	the transfer	o	foreign truct	,		
2		ing the year, did the trust receive a distribution from, or was it the grantor of, or the transferor to, a foreign trust?								
3		any time during the calendar year, did the trust have an interest in or a signature or other								
			cial account in a foreign country (such as a bank account, securities account or other financi					ee		
	the i	nstructions for exceptions and filing requirements for FinCEN Form 114.								
	If "Y	'es," enter the name of the foreign country ▶								
4	To n	nake a section 643(e)(3) election, comp	lete Schedule D and check	here (see t	he instructio	ns.)	🕨			
		Under penalties of perjury, I declare that I have	e examined this return, including acc	companying s	schedules and s	tatemen				
٥:		and belief, it is true, correct, and complete. Declaration of preparer (other than trustee) is based on all information of which preparer has any knowledge								
Sig	gn	Also, under section 646(c)(2) of the Internal Revenue Code, if this is the initial Form 1041-N filed for the above-n signing and filing this return will serve as the statement by the trustee electing to treat such trust as an Electing Alasl								
He	re	J.	, , , , , , , , , , , , , , , , , , ,							
		<u> </u>)				S discuss this return eparer shown below		
		Signature of trustee or officer representing	-	Date			(see instr.)?	Yes No		
Pa	id	Print/Type preparer's name	Preparer's signature		Date	CI	heck if PTI	N		
Preparer Use Only							elf-employed			
					F	Firm's El	s EIN ▶			
		y								
		Firm's address ►	Phone no. 10/1 N (D. 10 0015)							

Schedule D Capital Gains and Losses

Part I—Short-Term Capital Gains and Losses—Assets Held One Year or Less

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price		(d) Sales price (e) Cost or other ba (see the instructions		(f) Gain or (loss) for the entire year (col. (d) less col. (e))	
1									
2	Short-term capital gain or (los	s) from other fo	orms or schedu	ıles			2		
3	Short-term capital loss carryo						3	()
4	Net short-term capital gain o	o r (loss) . Comb	oine lines 1 thr	ouah 3 in column ((f)		4		
Part	II—Long-Term Capital Gair							I	
	TEXAMOLE TOU Shares 7% ACQUITED 77 INI Sales price 77				(e) Cost or other bas (see the instructions)		for the entire	Gain or (loss) the entire year (d) less col. (e))	
5									
6	Long-term capital gain or (loss	s) from other fo	rms or schedu	ıles			6		
7	Capital gain distributions					7			
8	Enter gain, if applicable, from						8		
9	Long-term capital loss carryov						9	()
10	Net long-term capital gain o						10		

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Subtract line 24 from line 22

Subtract line 26 from line 13

Enter the smaller of line 13 or 25

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Sc	hedule K Distribu	utions to Beneficiaries				Page of
(a) Beneficiary's name, street address, city, state, and ZIP code				(b) Benefic	ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) ⊺	Fier I distributions	(d) Tier II distributions	(e) Tier III distr	ibutions	(f) Tier IV distributions	
(a) E	Beneficiary's name, street	address, city, state, and ZIP o	ode	(b) Benefic	L ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) T	Fier I distributions	(d) Tier II distributions	(e) Tier III distr	ibutions	(f) Tier IV distributions	
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