Form **1041-N** 

(Rev. December 2017)	
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## Department of the Treasury

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

OMB No. 1545-1776

••••••• m10/1N for instructions and the latest information

	nal Revenue				structions and the la	lest morma	ation.				
-	calendar		or short year beginning		, 20 , and (	ending			,	20	•
P	artl		Information				~ -				
1	Name of t	rust					2 Em	ployer i	dentification r	umber	
3a	Name and	d title of trustee	e				4 Name of sponsoring Alaska Native Corporatio				
3b	Number, s	street, and roo	om or suite no. (If a P.O. box, see th	e instructions.)							
3c	City or tov	wn, state, and	ZIP code				<b>5</b> Was	s Form 1	1041 filed in the	e prior y	ear?
								Yes	<b>N</b>	0	
	11	cable boxes:		Final return	Change in fiduciary's na	ime	Char	ige in fic	duciary's addre	SS	
Pá	art II	Tax Com	nputation								
	<b>1a</b> li	nterest inco	ome					1a			
	b T	Fax-exempt	t interest. Don't include on I	ine 1a	1b						
ne	<b>2a</b> ⊺	Fotal ordina	ary dividends					2a			
Income	b	Qualified div	vidends (see instructions)		2b						
Ĕ	3 (	Capital gain	n or (loss) (Schedule D) .					3			
	4 (	Other incom	ne. List type and amount ►					4			
	<b>5</b> T	Fotal incom	ne. Combine lines 1a, 2a, 3,	and 4			. 🕨	5			
								6			
S			S					7			
ē			ccountant, and return prepa					8			
ī		-	ctions not subject to the 2%					9			
Deductions			niscellaneous itemized dedu					10			<u> </u>
å				•				11			<u> </u>
			ctions. Add lines 6 through 1	11			. 🕨	12			<u> </u>
	13 T	Faxable inc	come. Subtract line 12 from	line 5			. 🕨	13			<u> </u>
			e 13 is a (loss), enter -C								<u> </u>
ıts			oox: 🔲 Multiply line 13 by 1					14			
Jer	15 0	Credits (see	e instructions). Specify					15			<u> </u>
Payments		Subtract line						16			<u> </u>
Ра		Reserved.						17			
and		<b>Fotal tax.</b> A	Add line 16 and line 17. See					18			
ar			See instructions					19			<u> </u>
Тах		-	line 19 is <b>smaller</b> than line					20			<u> </u>
-			ent. If line 19 is larger than					21			<u> </u>
			e 21 to be: a Credited to next ye		•	b Refund		22			<u> </u>
Pa	rt III		formation								<u></u>
1			year, did the trust receive	assets from a spo	nsoring Alaska Nati	ve Corpora	ation?	lf "Yes	s," see the	Yes	No
			the required attachment .						·		
2	2 Durir	ng the year.	, did the trust receive a distr	ribution from, or wa	as it the grantor of, c	or the transf	feror to	, a fore	eign trust?		<u> </u>
3		•	uring the calendar year, dic		•				•		<u> </u>
			nt in a foreign country (such								
			for exceptions and filing re								
	lf "Y	es," enter t	the name of the foreign cour	ntry 🕨							
4			specified domestic entity req		938 for the tax vear (s	see the Instr	ructions	for Fo	orm 8938)?		
5			tion 643(e)(3) election, comp		, ,				. ▶ □	L	
		Under pena	alties of perjury, I declare that I have	e examined this return,	ncluding accompanying	schedules and	l stateme				
c:	an		, it is true, correct, and complete. D er section 646(c)(2) of the Internal F								
Si	-		d filing this return will serve as the s								,
Here					L I				May the IRS dis		
		Signa	ture of trustee or officer representin	ig trustee	Date				with the prepare (see instr.)?	r shown Yes	below No
<b>D</b> -	id		preparer's name	Preparer's signature		Date					<u> </u>
Pa								Check [ self-emp			
	eparer		e ►	1		L			-		
US	e Only	Firm's addr					Phone	irm's EIN ►			
		1 inin 5 autur	000 -					. <u>.</u>			

### 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.)	(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		ription of property e, 100 shares 7% red of "Z" Co.) (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Sales price		red (c) Date sold (d) Sales price (e) Cost of ot				(e) Cost or other bas (see instructions)	sis	(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	ules			2						
3	Short-term capital loss carryover							(	)				
4	Net short-term capital gain or (loss). Combine lines 1 through 3 in column (f)												

#### Part II-Long-Term Capital Gains and Losses-Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)		<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Sales price		<b>(e)</b> Cost or other bas (see instructions)	sis	(f) Gain or (loss) for the entire year (col. (d) less col. (e))	
5									
6	Long-term capital gain or (loss	) from other fo	rms or schedu	les			6		
7	7 Capital gain distributions						7		
8	8 Enter gain, if applicable, from Form 4797								
9	9 Long-term capital loss carryover							(	)
10	<b>10 Net long-term capital gain or (loss).</b> Combine lines 5 through 9 in column (f)								

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Part	III—Summary of Parts I and II			
11	Combine lines 4 and 10 and enter the result. If a loss, go to line 12. If a gain, also enter the gain on page 1, line 3, and complete page 1 through line 13	11		
Next:	Skip line 12 (below) and complete <b>Part IV</b> (below) if line 13 on page 1 is greater than zero and: a)			<u> </u>
	b on page 1 is greater than zero; or <b>b)</b> Schedule D, lines 10 and 11, are both greater than zero.			
12	If line 11 is a loss, enter here and on page 1, line 3, the <b>smaller</b> of the loss on line 11 or (\$3,000). Then complete page 1 through line 13	12	(	)
Next:	If the loss on line 11 is more than (\$3,000), or if page 1, line 13, is less than zero, skip Part IV below			
	complete the Capital Loss Carryover Worksheet in the instructions before completing the rest of			
Form	1041-N. Otherwise, skip Part IV below and complete the rest of Form 1041-N.			
Part	IV—Tax Computation Using Maximum Capital Gains Rates			
13	Enter the taxable income from page 1, line 13	13		
14	Enter the qualified dividends from page 1, line 2b			
15	Enter the amount from Form 4952, line 4g 15			
16	Enter the amount from Form 4952, line 4e 16			
17	Subtract line 16 from line 15. If zero or less, enter -0			
18	Subtract line 17 from line 14. If zero or less, enter -0			
19	Enter the <b>smaller</b> of line 10 or 11 (above) <b>19</b>			
20	Enter the <b>smaller</b> of line 15 or line 16 <b>20</b>			
21	Subtract line 20 from line 19. If zero or less, enter -0			
22	Add lines 18 and 21			
23	Add line 18 from the Unrecaptured Section 1250Gain Worksheet and line 7 from the 28% RateGain Worksheet and enter the amount here23			
24	Enter the <b>smaller</b> of line 21 or line 23			
25	Subtract line 24 from line 22 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . <th.< td=""><td></td><td></td><td></td></th.<>			
26	Enter the smaller of line 13 or 25	26		
27	Subtract line 26 from line 13	27		
28	Multiply line 27 by 10% (0.10). Enter here and on page 1, line 14. Also check the Schedule D box on			
	that line	28		
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	outions to Beneficiaries				Page of
(a) Beneficiary's name, street	et address, city, state, and ZIP code		(b) Benefi	ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III dist	ributions	(f) Tier IV distributions	
(a) Beneficiary's name, street	t address, city, state, and ZIP o	code	(b) Benefi	ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
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