Form **1041-N** 

(Rev. December 2016) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1776

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

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-	calendar	, , , , , , , , , , , , , , , , , , , ,		, <b>20</b> , and e	ending			,	20		
	art I	General Information									
1 Name of trust							2 Employer identification number				
3a	Name and	d title of trustee				4 Nar	ne of spor	nsoring Alaska N	ative Co	rporation	
3b	Number,	street, and room or suite no. (If a P.O. box, see th	e instructions.)								
3c	City or to	wn, state, and ZIP code				5 Wa	as Form	1041 filed in th	e prior y	/ear?	
							Yes	N	o		
6 C	heck appli	cable boxes: Amended return	Final return Cha	ange in fiduciary's na	me	Cha	nge in fi	duciary's addre	ess		
Pá	art II	Tax Computation		0 ,			0	,			
		nterest income					1a			T	
	-	Fax-exempt interest. Don't include on I				· ·	Tu			+	
ē		Fotal ordinary dividends					2a				
Income		Qualified dividends (see instructions)					20			+	
õ							3				
-		Other income List type and amount					4			+	
	5	Fotal income. Combine lines 1a, 2a, 3,	and 4			•	5			+	
		Taxes					6			+	
ß	-						7			+	
Ö		Attorney, accountant, and return prepa					8			+	
Ğ		Other deductions <b>not</b> subject to the 29					9			+	
Deductions		Allowable miscellaneous itemized dedu					10			+	
Õ			· · · · · · · · · · · ·				11			+	
-		Fotal deductions. Add lines 6 through 1	 11		• • •	•••	12			+	
		<b>Faxable income.</b> Subtract line 12 from					13			+	
		<b>Fax.</b> If line 13 is a (loss), enter -0								+	
ts		applicable box:  Multiply line 13 by 1					14				
Payments			· · · —				15			+	
Ĕ		Subtract line 15 from line 14					16			+	
Ъ.							17				
		<b>Fotal tax.</b> Add line 16 and line 17. See					18			<u> </u>	
and		Payments. See instructions				•	19			+	
Тах		<b>Fax due.</b> If line 19 is <b>smaller</b> than line					20			+	
F		<b>Overpayment.</b> If line 19 is <b>larger</b> than					21			+	
		Amount of line 21 to be: a Credited to next ye		i i para i i i	b Refund		22			+	
Pa	rt III	Other Information								<u> </u>	
1		ng the tax year, did the trust receive	assets from a sponso	ring Alaska Nati	ve Corpor	ation?	If "Yes	s." see the	Yes	No	
		ructions for the required attachment .								+	
2	2 Duri	ng the year, did the trust receive a distr	ribution from, or was it	the grantor of, c	or the trans	feror to	o, a for	eian trust?		+	
3				-				-		+	
-		ny time during the calendar year, did the trust have an interest in or a signature or other authority over a cial account in a foreign country (such as a bank account, securities account, or other financial account)? See									
		instructions for exceptions and filing requirements for FinCEN Form 114.									
	lf "Y	es," enter the name of the foreign cour	ntry 🕨								
4	Was	the trust a specified domestic entity req	uired to file Form 8938	or the tax year (s	ee the Inst	ruction	s for Fo	orm 8938)?			
5		nake a section 643(e)(3) election, comp		• •				· _	L		
		Under penalties of perjury, I declare that I have									
Sig	an	and belief, it is true, correct, and complete. D Also, under section 646(c)(2) of the Internal F									
		signing and filing this return will serve as the s								,	
He	ere							May the IRS dis			
		Signature of trustee or officer representing	ng trustee	Date				(see instr.)?	r shown Yes	below	
Pa	id	Print/Type preparer's name	Preparer's signature		Date		Check	I if PTIN			
	io eparer						self-emp				
	-					Firm's	EIN 🕨				
Use Only						Phone					

## 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>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Sales price		(e) Cost or other basis (see 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 carryover						3	(	)
4	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		(e) Cost or other bas (see instructions)	(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	lles			6		
7	Capital gain distributions								
8	<b>B</b> Enter gain, if applicable, from Form 4797								
9	9 Long-term capital loss carryover							(	)
10	Net long-term capital gain or (loss).       Combine lines 5 through 9 in column (f)       10								

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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         .         .         .         .         .         25			
26	Enter the smaller of line 13 or 25	26		<u> </u>
27	Subtract line 26 from line 13	27		<u> </u>
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, stree	t address, city, state, and ZIP o	(b) Benefi	iciary'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, stree	t address, city, state, and ZIP of	code	(b) Benefi	ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
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