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

For	calendar	voor or short voor beginning	. 20	and	anding			, 20		
	art I	year or short year beginning General Information	, 20	, and e	ending			, 20	<u> </u>	
) F				
1	Name of t	rust				2 Employer identification number				
3a	3a Name and title of trustee 4							aska Native Corp	poration	
3b	Number, s	street, and room or suite no. (If a P.O. box, see the	e instructions.)							
3c	City or tow	n, state, and ZIP code			5	5 Was	Form 1041 filed	I in the prior ve	ear?	
	,	,								
						Y	Yes No			
• 01			7							
			Final return	fiduciary's na	me	_ Chang	e in fiduciary's	address		
Pa	ırt II	Tax Computation								
	-	nterest income	1				1a			
	b T	ax-exempt interest. Do not include on	line 1a	1b						
Income	2 a T	otal ordinary dividends				.	2a			
Ö	b (Qualified dividends (see instructions)		2b						
<u>n</u>	3 (Capital gain or (loss) (Schedule D) .					3	ļ		
_		Other income. List type and amount					4			
		Total income. Combine lines 1a, 2a, 3, and 4							\vdash	
		axes					5 6		\vdash	
(0		rustee fees				-	7			
Ĕ						-				
Deductions		Attorney, accountant, and return prepai					8			
ĭ		Other deductions not subject to the 2%					9			
eq		Allowable miscellaneous itemized deductions subject to the 2% floor					10			
Ω		Exemption (see the instructions)					11			
	12 T	otal deductions. Add lines 6 through 1	1			>	12			
	13 T	Taxable income. Subtract line 12 from	line 5			•	13			
	14 T	Tax. If line 13 is a (loss), enter -0 Otherwise, see the instructions and check the								
ıts	а	applicable box: Multiply line 13 by	10% (.10) or Schedule	D		•	14	1		
Payments	15	Credits (see the instructions). Specify					15			
Ž		Subtract line 15 from line 14		16						
Pa		Reserved								
			·	17						
and		Fotal tax. Add line 16 and line 17 (see the instructions)							_	
a.		· · · · · · · · · · · · · · · · · · ·		19						
Ë		Tax due. If line 19 is smaller than line 18, enter amount owed					20		<u> </u>	
		Overpayment. If line 19 is larger than line 18, enter amount overpaid					21			
		Amount of line 21 to be: a Credited to next year's estimated tax ▶ b Refunded								
Pa	rt III	Other Information								
1		ng the tax year, did the trust receive a	assets from a sponsoring A	laska Nati	ve Corporat	ion? If	"Yes," see	the Yes	No	
		uctions for the required attachment.							L	
2	Durir	ng the year, did the trust receive a distri	bution from, or was it the gra	antor of, or	the transfer	or to, a	foreign trus	it?		
3	At a	any time during the calendar year, did the trust have an interest in or a signature or other						era 📗		
	finan	ncial account in a foreign country (such	as a bank account, securit	ies accour	nt or other fir	nancial	account)?	See		
	the i	instructions for exceptions and filing requirements for FinCEN Form 114.								
	If "Y	es," enter the name of the foreign country ▶								
4		nake a section 643(e)(3) election, comp		here (see t	he instructio	ns.)				
		Under penalties of perjury, I declare that I have					ts, and to the b	est of my kno	wledge	
C :		and belief, it is true, correct, and complete. De	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	-	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 Alask								
He	re		3 1		3			RS discuss this i	return	
		Signature of trustee or officer representing	a truetoo	Data			with the p	reparer shown I	below	
		- '	-	1			(see instr.)	^{l?} ∐ Y es <u> </u> TIN	No	
Paid Preparer Use Only		Print/Type preparer's name	Preparer's signature		Date		neck [if	1111		
					,	se	elf-employed			
							s EIN ▶			
		Firm's address ▶			F	Phone no				
				- 101	4 NI					

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		(e) Cost or other basis (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	ules			2		
3	Short-term capital loss carryo	ver					3	()
4	Net short-term capital gain o	or (loss) Comb	nine lines 1 thr	ough 3 in column ((f)		4		
	II—Long-Term Capital Gair						, ,		
	(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		(e) Cost or other bas (see the instructions)		(f) Gain or (loss) for the entire year (col. (d) less col. (e))	
5									
6	Long-term capital gain or (loss) from other forms or schedules								
7	Capital gain distributions						7		
8	Enter gain, if applicable, from Form 4797								
9	D Long-term capital loss carryover)	
10	Net long-term capital gain or (loss). Combine lines 5 through 9 in column (f)								

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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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Schedule K Distrib	utions to Beneficiaries				Page of
(a) Beneficiary's name, street address, city, state, and ZIP code				ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distr	 ibutions	(f) Tier IV distributions	
(a) Beneficiary's name, street	address, city, state, and ZIP c	ode	(b) Benefic	L ciary's SSN	(g) Total distributions (Add amounts in (c) through (f))
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distr	 ibutions	(f) Tier IV distributions	
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(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distr	ibutions	(f) Tier IV distributions	