(Rev. December 2011)

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

Department of the Treasury Internal Revenue Service

► See the separate instructions.

OMB No. 1545-1776

For	calendar	year	or short year beginning		, 20	, and	ending			,	20	
Р	art I	General Inf	formation									
1	Name of t	trust						2 Em	ployer	identification n	umber	
3a	Name and	d title of trustee						4 Nam	ne of spo	onsoring Alaska Na	tive Corp	poration
3b	Number,	street, and room o	or suite no. (If a P.O. box, see the	e instructions.)								
3с	City or tov	vn, state, and ZIP	code					5 Wa	s Form	1041 filed in the	prior ye	ear?
								Ιп	Yes	No		
_												
		cable boxes:		Final return	Change in fiduo	ciary's na	ame	Cha	nge in fi	iduciary's addre	SS	
Pá	art II	Tax Comp								T		
			e		1				1a			
a)		•	terest. Do not include on						-			
Income			dividends						2a			<u> </u>
ည			ends (see instructions)						٠,	1		
=			(loss) (Schedule D) . List type and amount ▶						3			
			Combine lines 1a, 2a, 3,	and 4					5			\vdash
									6			\vdash
S									7			\vdash
Deductions			ountant, and return prepar						8			\vdash
댱	l .	•	ons not subject to the 2%						9			\vdash
ᅙ	l .		cellaneous itemized dedu	•	•				10			\vdash
Ö			e the instructions)	•					11			
	12	Fotal deductio	ns. Add lines 6 through 1	1					12			\vdash
	13	Taxable incor	me. Subtract line 12 from	line 5				. ▶	13			
Payments			13 is a (loss), enter -0					k the				
Jer	8	applicable box	: Multiply line 13 by	10% (.10) or 🔲 So	chedule D			. ▶	14			
چ	15 (Credits (see th	e instructions). Specify	•					15			
<u>~</u>	16 I	Net tax. Subtr	act line 15 from line 14 (s						16			
and	17 F	Payments (see	the instructions)					. ▶	17			
×			e 17 is smaller than line 1						18			
Tax			. If line 17 is larger than I		nt overpaid .				19			
			to be: a Credited to next ye	ar's estimated tax ►			b Refund	led ►	20			
Pa	rt III	Other Infor									1	
7			ar, did the trust receive a	assets from a spon	soring Alasi	ka Nat	ive Corpora	ation?	It "Ye	s," see the	Yes	No
,			e required attachment .									<u> </u>
2		= -	d the trust receive a distri		_					=		
3		•	g the calendar year, did in a foreign country (such				-			-		
			r exceptions and filing re				it or other	IIIIaiici	ai acc	ount): See		
			name of the foreign cour									
4			n 643(e)(3) election, comp		d check her	e (see :	the instruct	ions)		▶ □		
	101		es of perjury, I declare that I have						ents, an	d to the best of	my kno	wledge
e:			s true, correct, and complete. Dection 646(c)(2) of the Internal F									
Sig	_		ing this return will serve as the st									. 11401,
He	ere				k				Γ	May the IRS disc		
		Signature	e of trustee or officer representing	g trustee	— <i>•</i>	Date			_	with the preparer (see instr.)?		below No
Da	id	Print/Type prep	parer's name	Preparer's signature			Date		Check	PTIN		
Paid Preparer Use Only		.							self-em	_		
		l	•					Firm's	EIN ►	<u>'</u>		
		Firm's address	>					Phone	no.			
For	Panerwa	ork Reduction	Act Notice, see the Instruc	tions for Form 1041-	N	Cat	No. 322340		F	orm 1041-N	(Rev. 12	2-2011)

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.)		(d) Sales price		(e) Cost or other bas (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	ver					3	()
4	Net short-term gain or (loss)	Combine line	s 1 through 3 i	in column (f)			4		
	II – Long-Term Capital Gair						1		
	(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 (lo for the entire y (col. (d) less col	year
5									
-									
6	Long-term capital gain or (loss	s) from other fo	rms or schedu	ıles			6		
7	Capital gain distributions								
8	Enter gain, if applicable, from						8		
9	Long-term capital loss carryov	ver					9	()
10	Net long-term gain or (loss).						10		

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	17				
18	Subtract line 17 from line 14. If zero or less, enter -0	18				
19	Enter the smaller of line 10 or 11 (above) 19	-				
20	Enter the smaller of line 15 or line 16 20					
21	Subtract line 20 from line 19. If zero or less, enter -0	21				
22	Add lines 18 and 21	22				
23	Add line 18 from the Unrecaptured Section 1250 Gain Worksheet and line 7 from the 28% Rate Gain Worksheet and enter the amount here . 23					
24	Enter the smaller of line 21 or line 23	24				
25	Subtract line 24 from line 22	25				
26	Enter the smaller of line 13 or 25		 ·	26		
27	Subtract line 26 from line 13			27		
28	Multiply line 27 by 10% (.10). Enter here and on page 1, line 14. Also check that line			28		
				Form 1	1041-N (Rev. 12	-2011

Form 1041-N (Rev. 12-2011) Page **4**

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	
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