Form **1041-N** (Rev. December 2023)

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1041N for instructions and the latest information.

OMB No. 1545-1776

Part General Information	For	calendar v	year or short year beginning	, 4	20 , and	ending				, 2	0	
Name and title of trustee										· · · ·		
So Number, steet, and room or suite no. (if a P.O. box, see the instructions.)							2 Employer identification number					
So Number, steet, and room or suite no. (if a P.O. box, see the instructions.)												
Se Number, street, and room or suite no. (if a P.O. box, see the instructions.)	3a	Name and	title of trustee				4 Nar	ne of sp	onsoring	Alaska Nati	ve Corp	oration
Se City or town, state, and ZP code Tax Computation								•				
Se City or town, state, and ZP code Tax Computation	3b	Number, s	treet, and room or suite no. (If a P.O. box, see the	e instructions.)								
Check applicable boxes:		ŕ	,	,								
Check applicable boxes:	3c	City or tow	n, state, and ZIP code				5 W	as Form	1041 fil	ed in the r	orior ve	
Part Tax Computation Interest income I		,					_				, -	
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b Tax-exempt interest. Don't include on line 1a	Гε		-						10			
2a Total ordinary dividends b Qualified dividends (see instructions) 3 Capital gain or (loss) (Schedule D) 4 Other income. List type and amount 5 Total income, Combine lines 1a, 2a, 3, and 4 5 Total income, Combine lines 1a, 2a, 3, and 4 5 Total income, Combine lines 1a, 2a, 3, and 4 6 Taxes 7 Trustee fees 7 Trustee fees 8 Attorney, accountant, and return preparer fees 8 Attorney, accountant, and return preparer fees 9 Other deductions (attach schedule) 9 Other deductions (attach schedule) 10 Reserved for future use 10 Total Exemption (see instructions) 11 Exemption (see instructions) 12 Total deductions, Add lines 8 through 11 12 Total deductions, Add lines 8 through 11 13 Taxable income. Subtract line 12 from line 5 14 Tax. If line 13 is a (loss), enter -0 Otherwise, see the instructions and check the applicable bow. Multiply line 13 by 10% (0.10) or Schedule D. 14 15 Credits (see instructions). Specify 15 Credits (see instructions). Specify 16 Total tax. Subtract line 15 from line 14. See instructions 17 Current year net 965 tax liability paid from Form 965-A, Part II, column (k) (see instructions) 18 Payments. See instructions 19 Elective payment election amount from Form 3800 19 Elective payment election amount from Form 3800 19 Elective payment election amount from Form 3800 10 Tax due. If the total of lines 18 and 19 is larger than the total of lines 16 and 17, enter amount overpaid 20 Tax due. If the total of lines 18 and 19 is larger than the total of lines 16 and 17, enter amount overpaid 21 Overpayment. If the total of lines 18 and 19 is larger than the total of lines 16 and 17, enter amount overpaid 22 During the tax year, did the trust receive a distribution from, or was it the grantor of, or the transferor to, a foreign trust? 3 At any time during the calendar year, did the trust receive a distribution from, or was it the grantor of, or the transferor to, a foreign trust? 4 Amount of line 21 to be: a Credited to next year's estimated tax 4 During the year, did the trust receive a distributio						1 1			ıa			
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4 Other income. List type and amount 5 Total income. Combine lines 1a, 2a, 3, and 4	Ě					1 1	•		Za			
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8 Attorney, accountant, and return preparer fees 9 9 Other deductions (attach schedule) 9 10 Reserved for future use 10 11 Exemption (see instructions) 11 12 Total deductions. Add lines 6 through 11 12 13 Taxable income. Subtract line 12 from line 5 13 14 Tax. If line 13 is a (loss), enter -0- Otherwise, see the instructions and check the applicable box:												
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During the tax year, did the trust receive property or an assignment of income from an Alaska Native Corporation? If "Yes," see the instructions for the required attachments			•						21			
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If "Yes," see the instructions for the required attachments	Pa	rt III	Other Information									
During the year, did the trust receive a distribution from, or was it the grantor of, or the transferor to, a foreign trust? At any time during the calendar year, did the trust have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country Was the trust a specified domestic entity required to file Form 8938 for the tax year? See Instructions for Form 8938. To make a section 643(e)(3) election, complete Schedule D and check here. See instructions Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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. Also, under section 646(c)(2) of the Internal Revenue Code, if this is the initial Form 1041-N filed for the above-named Alaska Native Settlement Trust. Signature of trustee or officer representing trustee Paid Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's EIN Phone no.	1			· · · · · · · · · · · · · · · · · · ·	of income fr	om an Alasl	ka Na	tive C	Corpora	tion?	Yes	<u>No</u>
At any time during the calendar year, did the trust have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country Was the trust a specified domestic entity required to file Form 8938 for the tax year? See Instructions for Form 8938 To make a section 643(e)(3) election, complete Schedule D and check here. See instructions Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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. Also, under section 646(c)(2) of the Internal Revenue Code, if this is the initial Form 1041-N filed for the above-named Alaska Native Settlement Trust, signing and filing this return will serve as the statement by the trustee electing to treat such trust as an Electing Alaska Native Settlement Trust. Signature of trustee or officer representing trustee Paid Print/Type preparer's name Preparer's signature Preparer's signature Date Check if if self-employed Print if m's address Print is address Print is address Phone no.	_											
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Firm's address Phone no.			Firm's name				Firm's	EIN				

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 othe (see instruction		(f) Gain or (loss) for the entire year (col. (d) less col. (e))
1							
	Short-term capital gain or (loss) from other for	arme or schodu	lloc			2	
	-						
3	Short-term capital loss carryover					3	()
4 Part	Net short-term capital gain or (loss). Com					4	
					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 othe (see instruction		(f) Gain or (loss) for the entire year (col. (d) less col. (e))
5							
6	Long-term capital gain or (loss) from other fo	orms or schedu	ıles			6	
7	Capital gain distributions					7	
8	Enter gain, if applicable, from Form 4797 .					8	
9	Long-term capital loss carryover					9	()
10	Net long-term capital gain or (loss). Comb	ine lines 5 thro	ough 9 in colum	ın (f)		10	

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Part I	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						
	Skip line 12 (below) and complete Part IV (below) if line 13 on page 1 is greater than zero and: a) on page 1 is greater than zero; or 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 smaller of the loss on line 11 or (\$3,000). Then complete page 1 through line 13							
and co	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 emplete the Capital Loss Carryover Worksheet in the instructions before completing the rest of Form N. Otherwise, skip Part IV below and complete the rest of Form 1041-N.							
Part I	V—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							
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 smaller of line 10 or line 11							
20	Enter the smaller of line 15 or line 16							
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 1250 Gain Worksheet and line 7 from the 28% Rate Gain Worksheet and enter the amount here							
24	Enter the smaller of line 21 or line 23							
25	Subtract line 24 from line 22							

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Schedule K Distrib	utions to Beneficiaries	}			Page of
(a) Beneficiary's name, street	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	t address, city, state, and ZIP o	code	(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 distr	l ibutions	(f) Tier IV distributions	
(a) Beneficiary's name, street	address, city, state, and ZIP o	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 distr	l ibutions	(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))
(c) Tier I distributions	(d) Tier II distributions	(e) Tier III distr	ibutions	(f) Tier IV distributions	
(a) Beneficiary's name, street	L : address, city, state, and ZIP o	L code	(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 distr	ibutions	(f) Tier IV distributions	
(a) Beneficiary's name, street	address, city, state, and ZIP o	I code	(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 distr	i ibutions	(f) Tier IV distributions	