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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

, 2009, and ending

, 20

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS
label.Otherwise,
print
or type.See Specific
Instructions.

Name of foundation

HARVEY SAMUELSEN SCHOLARSHIP TRUST

A Employer identification number

30-0065137

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number (see page 10 of the instructions)

P.O. BOX 1464

(907) 842-4370

City or town, state, and ZIP code

DILLINGHAM, AK 99576

H Check type of organization

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col (c), line

16) \$ 8,108,078.

J Accounting method

☐ Cash☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis)

E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐**Part I Analysis of Revenue and Expenses** (The
total of amounts in columns (b), (c), and (d)
may not necessarily equal the amounts in
column (a) (see page 11 of the instructions))(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

1 Contributions, gifts, grants, etc., received (attach schedule)

75,253.

ATCH 1

2 Check ☐ if the foundation is not required to
attach Sch. B.

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

250,053.

250,053.

ATCH 2

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

-911,929.

b Gross sales price for all
assets on line 6a 6,620,556.

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns
and allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

Other income (attach schedule)

60.

60.

ATCH 3

12 Total. Add lines 1 through 11

-586,563.

250,113.

13 Compensation of officers, directors, trustees, etc.

4,950.

2,475.

2,475.

14 Other employee salaries and wages

16,233.

15,617.

15 Pension plans, employee benefits

4,382.

4,380.

16a Legal fees (attach schedule) ATCH 4

750.

0.

0.

750.

b Accounting fees (attach schedule) ATCH 5

6,900.

0.

0.

6,900.

c Other professional fees (attach schedule) *

49,896.

49,896.

17 Interest

18 Taxes (attach schedule) (see page 14 of the instructions) *

-8,503.

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

5,986.

2,993.

2,993.

22 Printing and publications

23 Other expenses (attach schedule) ATCH 8

48,457.

5,170.

43,287.

24 Total operating and administrative expenses.

Add lines 13 through 23

129,051.

60,534.

0.

76,402.

25 Contributions, gifts, grants paid

236,365.

244,089.

26 Total expenses and disbursements Add lines 24 and 25

365,436.

60,534.

0.

320,491.

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

-951,999.

b Net investment income (if negative, enter -0-)

189,579.

c Adjusted net income (if negative, enter -0-)

-0-

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

* ATCH 6 JSA **

ATCH 7

Form 990-PF (2009)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	175,598.	229,582.	229,582.	
	3	Accounts receivable <input type="checkbox"/> 7,818.				
		Less allowance for doubtful accounts <input type="checkbox"/>	128.	7,818.	7,818.	
	4	Pledges receivable <input type="checkbox"/>				
		Less allowance for doubtful accounts <input type="checkbox"/>				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule) <input type="checkbox"/>				
		Less allowance for doubtful accounts <input type="checkbox"/>				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges <u>ATCH 9</u>		1,003.	1,003.	
	10 a	Investments - U S and state government obligations (attach schedule) **	876,668.	1,091,909.	1,091,909.	
	b	Investments - corporate stock (attach schedule) <u>ATCH 11</u>	4,409,934.	5,723,230.	5,723,230.	
	c	Investments - corporate bonds (attach schedule) <u>ATCH 12</u>	1,294,571.	954,579.	954,579.	
	11	Investments - land, buildings, and equipment basis <input type="checkbox"/>				
	Less accumulated depreciation (attach schedule) <input type="checkbox"/>					
12	Investments - mortgage loans					
13	Investments - other (attach schedule) <u>ATCH 13</u>	59,894.	77,694.	77,694.		
14	Land, buildings, and equipment basis <input type="checkbox"/>					
	Less accumulated depreciation (attach schedule) <input type="checkbox"/>					
15	Other assets (describe <input type="checkbox"/> <u>ATCH 14</u>)	33,049.	22,263.	22,263.		
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	6,849,842.	8,108,078.	8,108,078.		
Liabilities	17	Accounts payable and accrued expenses		11,299.		
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe <input type="checkbox"/> <u>ATCH 15</u>)	6,185.	250,263.		
23	Total liabilities (add lines 17 through 22)	6,185.	261,562.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	6,843,657.	7,846,516.		
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see page 17 of the instructions)	6,843,657.	7,846,516.		
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	6,849,842.	8,108,078.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,843,657.
2	Enter amount from Part I, line 27a	2	-951,999.
3	Other increases not included in line 2 (itemize) <input type="checkbox"/> <u>ATTACHMENT 16</u>	3	1,954,858.
4	Add lines 1, 2, and 3	4	7,846,516.
5	Decreases not included in line 2 (itemize) <input type="checkbox"/>	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,846,516.

** ATCH 10

Form 990-PF (2009)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-right: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">2</div> </div>		-911,929.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8.			<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-right: 5px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. </div> <div style="border: 1px solid black; padding: 2px 5px; text-align: center;">3</div> </div>		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	429,157.	8,416,243.	0.050992
2007	371,344.	9,334,578.	0.039782
2006	602,470.	8,461,919.	0.071198
2005	433,407.	7,672,197.	0.056491
2004	344,284.	6,412,605.	0.053689
2 Total of line 1, column (d)			0.272152
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.054430
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			7,014,510.
5 Multiply line 4 by line 3			381,800.
6 Enter 1% of net investment income (1% of Part I, line 27b)			1,896.
7 Add lines 5 and 6			383,696.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.			320,491.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)		1	3,792.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2		3	3,792.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3,792.
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 4,903.		
b Exempt foreign organizations-tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	4,903.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,111.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax 1,111. Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?	N/A	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) AK,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2009)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.BBEDC.COM	13	X	
14	The books are in care of STACI FIESER Telephone no 907-842-4370 Located at 411 FIRST AVE EAST DILLINGHAM, AK ZIP + 4 99576-1464			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **5b** ☐ Yes ☒ No
Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** ☐ Yes ☒ No **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 17		4,950.	0.	3,316.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total number of other employees paid over \$50,000 ☐ **NONE**

Form 990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **NONE**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SCHOLARSHIP PROGRAM PROVIDING SCHOLARSHIPS TO RESIDENTS OF THE 17 BRISTOL BAY CDQ COMMUNITIES TO ATTEND ACCREDITED COLLEGES; IN 2009, 96 SCHOLARSHIPS WERE AWARDED.	309,645.
2 ACADEMIC SUPPORT PROGRAM PROVIDING SUPPORT FOR FIRST AND SECOND YEAR STUDENTS AT UAF, UAA, AND FT LEWIS COLLEGE.	10,846.
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	NONE
2	
All other program-related investments See page 24 of the instructions	
3 NONE	NONE
Total. Add lines 1 through 3	NONE

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	6,896,809.
b	Average of monthly cash balances	1b	224,521.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	7,121,330.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,121,330.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	106,820.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,014,510.
6	Minimum investment return. Enter 5% of line 5	6	350,726.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	350,726.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	3,792.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	3,792.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	346,934.
4	Recoveries of amounts treated as qualifying distributions	4	10,198.
5	Add lines 3 and 4	5	357,132.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	357,132.

Part XII Qualifying Distributions(see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	320,491.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	320,491.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	320,491.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				357,132.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 <u>07</u> , 20 <u>06</u> , 20 <u>05</u>				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005 3,683.				
c From 2006 190,268.				
d From 2007				
e From 2008 298.				
f Total of lines 3a through e	194,249.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ <u>320,491.</u>				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				320,491.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	36,641.			36,641.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	157,608.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	157,608.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006 157,310.				
c Excess from 2007				
d Excess from 2008 298.				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 18

b The form in which applications should be submitted and information and materials they should include

HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 20

c Any submission deadlines

SEE ATTACHED APPLICATION AT ATTACHMENT 20

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED APPLICATION AT ATTACHMENT 20

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> SEE ATTACHMENT 19			SEE ATTACHMENT 19	244,089.
Total.			▶ 3a	244,089.
b <i>Approved for future payment</i>				
Total.			▶ 3b	

Form **990-PF** (2009)

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | | |
|---|---|-------|-----|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X | |
| d | If the answer to any of the above is "Yes," complete the following schedule | | | |
| | Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation | | | |
| | If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship
BRISTOL BAY ECONOMIC DEVELOPMENT CORP.	501 (C) (4)	ENTITIES ARE RELATED AND HAVE COMMON CONTROL

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Staci W. Gries

11/15/2010
Date

FINANCE OFFICER
Title

Paid Preparer's Use Only	
---	--

Preparer's
signature

Date _____

Check if self-employed ☐

Preparer's identifying
number (See Signature on
page 30 of the instructions)
P00146958

Firm's name (or yours if self-employed), address, and ZIP code

KPMG LLP
701 WEST 8TH AVENUE, SUITE 600
ANCHORAGE, AK 99501

EIN ▶ 13-5565207

Phone no 90 7-265-1200

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009**Name of the organization**

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number
30-0065137**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRISTOL BAY ECON. DEV. CORP. P.O. BOX 1464 DILLINGHAM, AK 99576	\$ 75,253.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
405,756.		UBS07010 PROPERTY TYPE: SECURITIES 550,092.				P	VARIOUS -144,336.	VARIOUS
453,632.		UBS 07010 PROPERTY TYPE: SECURITIES 866,358.				P	VARIOUS -412,726.	VARIOUS
2,914,500.		UBS07011 PROPERTY TYPE: SECURITIES 3,118,511.				P	VARIOUS -204,011.	VARIOUS
426,695.		UBS07011 PROPERTY TYPE: SECURITIES 537,880.				P	VARIOUS -111,185.	VARIOUS
6,796.		UBS70614 PROPERTY TYPE: SECURITIES 2,376.				P	VARIOUS 4,420.	VARIOUS
45,096.		UBS 70614 PROPERTY TYPE: SECURITIES 79,933.				P	VARIOUS -34,837.	VARIOUS
1,102,627.		BOA1255868 PROPERTY TYPE: SECURITIES 1,096,749.				P	VARIOUS 5,878.	VARIOUS
1,265,454.		BOA1255868 PROPERTY TYPE: SECURITIES 1,280,586.				P	VARIOUS -15,132.	VARIOUS
TOTAL GAIN (LOSS)							<u>-911,929.</u>	

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
------------------	------	-----------------------------

BRISTOL BAY ECON. DEV. CORP. P.O. BOX 1464 DILLINGHAM, AL. 99576	VARIOUS	75,253.
--	---------	---------

TOTAL CONTRIBUTION AMOUNTS

75,253.

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDENDS FROM SECURITIES	146,399.	146,399.
INTEREST FROM SECURITIES	103,654.	103,654.
TOTAL	<u>250,053.</u>	<u>250,053.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
MISCELLANEOUS INCOME	60.	60.
TOTALS	<u>60.</u>	<u>60.</u>

ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	750.			750.
TOTALS	<u>750.</u>	<u>0.</u>	<u>0.</u>	<u>750.</u>

ATTACHMENT 5

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX RETURN PREPARATION FEES	6,900.			6,900.
TOTALS	<u>6,900.</u>	<u>0.</u>	<u>0.</u>	<u>6,900.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT MANAGEMENT FEES	49,896.	49,896.
TOTALS	49,896.	49,896.

ATTACHMENT 7FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
EXCISE TAXES REFUNDED	-8,503.
TOTALS	<u>-8,503.</u>

ATTACHMENT 8

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OUTREACH/SCHOOL VISITS	9,531.		9,531.
BBEDC ADMINISTRATION CHARGE	32,543.	5,170.	27,373.
ACADEMIC SUPPORT	5,307.		5,307.
ADVERTISING	780.		780.
SUPPLIES	296.		296.
TOTALS	<u>48,457.</u>	<u>5,170.</u>	<u>43,287.</u>

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

ATTACHMENT 9

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PREPAID EXPENSES	1,003.	1,003.
TOTALS	<u>1,003.</u>	<u>1,003.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 10

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOVERNMENT SECURITIES	876,668.	1,091,909.	1,091,909.
US OBLIGATIONS TOTAL	<u>876,668.</u>	<u>1,091,909.</u>	<u>1,091,909.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART II - CORPORATE STOCK

ATTACHMENT 11

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>	<u>ENDING</u>
	<u>BOOK VALUE</u>	<u>BOOK VALUE</u>	<u>FMV</u>
EQUITY SECURITIES/MUTUAL FUNDS	4,409,934.	5,723,230.	5,723,230.
TOTALS	<u>4,409,934.</u>	<u>5,723,230.</u>	<u>5,723,230.</u>

FORM 990PF, PART II - CORPORATE BONDS

ATTACHMENT 12

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
VARIOUS CORPORATE BONDS	1,294,571.	954,579.	954,579.
TOTALS	<u>1,294,571.</u>	<u>954,579.</u>	<u>954,579.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART II - OTHER INVESTMENTS

ATTACHMENT 13

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>	<u>ENDING</u>
	<u>BOOK VALUE</u>	<u>BOOK VALUE</u>	<u>FMV</u>
FOREIGN BONDS	50,253.	77,694.	77,694.
OTHER FIXED INCOME	9,641.	0.	0.
TOTALS	<u>59,894.</u>	<u>77,694.</u>	<u>77,694.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 14

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCRUED INTEREST	33,049.	22,263.	22,263.
TOTALS	<u>33,049.</u>	<u>22,263.</u>	<u>22,263.</u>

FORM 990PF, PART II - OTHER LIABILITIESATTACHMENT 15

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PAYABLE TO AFFILIATE (BBEDC)	6,185.	250,263.
TOTALS	<u>6,185.</u>	<u>250,263.</u>

ATTACHMENT 16FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED GAIN ON MARKETABLE SECURITIES

1,954,858.

TOTAL

1,954,858.

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 17

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY ANN K. JOHNSON P.O. BOX 1461 DILLINGHAM, AK 99576	PRESIDENT .10	1,050.	0.	711.
SYLVIA KASMIKOWICZ P.O. BOX 1461 DILLINGHAM, AK 99576	TREASURER .10	900.	0.	0.
LUCY GOODE P.O. BOX 1461 DILLINGHAM, AK 99576	BOARD MEMBER .10	1,050.	0.	550.
FRITZ SHARP P.O. BOX 1461 DILLINGHAM, AK 99576	VICE PRESIDENT .10	750.	0.	596.
HARRY WASSILY SR. P.O. BOX 1461 DILLINGHAM, AK 99576	SECRETARY .10	1,200.	0.	1,459.
GRAND TOTALS		4,950.	0.	3,316.

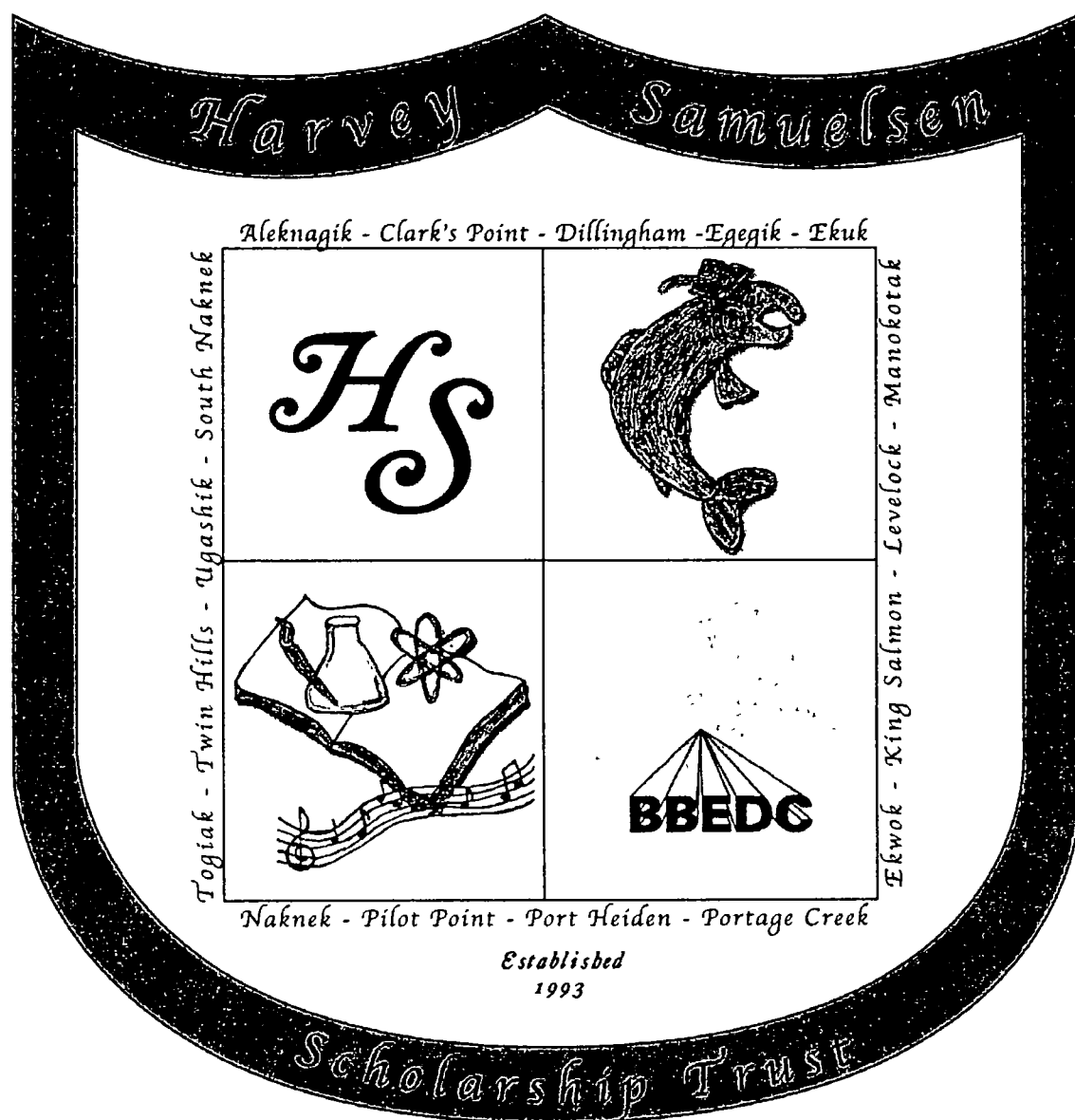
FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

BBEDC
P.O. BOX 1464
DILLINGHAM, AK 99576
907-842-4370

Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Ambrosier	Jeff	P.O. Box 112	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 2,568 00
Andrew	Michael	P.O. Box 1478	Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$ 2,568 00
Babiak	Lisa	P.O. Box 516	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568 00
Bennett	Tiffany	P.O. Box 468	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Bennis	Jennifer	P.O. Box 406	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Bobbit	Virginia	P.O. Box 995	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Carpenter	Catherine	P.O. Box 701	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Christensen	Adrianne	1001 Trapper Hill Road	Port Heiden, AK 99549	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 2,568 00
Christensen	Jaclyn	P.O. Box 49026	Port Heiden, AK 99549	Sister-in-law of BBEDC Board Member	None	Educational Scholarship	\$ 2,568 00
Chythlook	Heather	P.O. Box 678	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Cline	Gary	P.O. Box 837	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Copps-Wilson	Katie	P.O. Box 8	Levelock, AK 99625	None	None	Educational Scholarship	\$ 2,568 00
Densinger	Marc	P.O. Box 1086	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Donkersloot	Rachel	P.O. Box 244	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568 00
Emory	Deborah	P.O. Box 486	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,663 50
Evans	Sarah	P.O. Box 781	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,663 50
Folsom	Alisha	P.O. Box 444	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Forbes	Joel	P.O. Box 141	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568 00
Fritze	Janelle	P.O. Box 1528	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Gardner	Melinda	P.O. Box 1338	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Gloko	Ariel	P.O. Box 88	Manokotak, AK 99628	None	None	Educational Scholarship	\$ 2,568 00
Gosuk	Steven	P.O. Box 21	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568 00
Groat	Lyndsey	P.O. Box 29	Naknek, AK 99633	None	None	Educational Scholarship	\$ 3,379 50
Hardin	Kyle	P.O. Box 597	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Hardin	Kyrstin	P.O. Box 517	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095 50
Hodgson	Lisa	P.O. Box 2	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 2,568 00
Hulsing	Hannah	P.O. Box 56	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 3,379 50
Hurley	Allannah	P.O. Box 198	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095 50
Isaacson	Colynn	P.O. Box 157	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568 00
Jaacks	Troy	P.O. Box 672	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Jedlica	Michael	P.O. Box 436	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,663 50
Johansen	Cheri	P.O. Box 956	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Johnson	Colleen	P.O. Box 1174	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Junge	Laura	P.O. Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Junge	Linda	P.O. Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Kapatak	Marlene	P.O. Box 5002	Koliganek, AK 99576	None	None	Educational Scholarship	\$ 2,095 50
Kasayulie	Jessica	P.O. Box 928	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Kazimirovicz	Matilda	P.O. Box 9	Ekwok, AK 99580	Sister of HSST Board Member	None	Educational Scholarship	\$ 2,568 00
King	Mason	P.O. Box 226	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568 00
Kritz	Marcella	P.O. Box 83	Togiak, AK 99678	Daughter of BBEDC Board Member	None	Educational Scholarship	\$ 2,568 00
Larsen	Shamai	P.O. Box 1450	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Latsha	Ronald	P.O. Box 1343	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 1,284 00
Lind	Nolan	P.O. Box 845	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095 50
Lisac	Deven	P.O. Box 818	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Lopez	Charlene	P.O. Box 797	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00

Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Madsen	Nathan	P.O. Box 715	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Malstrom	Cameron	P.O. Box 1251	Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 2,568.00
Malstrom	Chelsea	P.O. Box 1074	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Megli	Everet	P.O. Box 1475	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Miller	Andrew	P.O. Box 1076	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Monsen	Haley	P.O. Box 213	Naknek, AK 99633	None	None	Educational Scholarship	\$ 1,712.00
Moore	Louiare	P.O. Box 685	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
Moore	Michelle	P.O. Box 953	Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 4,663.50
Morrison	Samuel	P.O. Box 161	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568.00
Nashookpuk	Derek	P.O. Box 387	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00
Nelson	Sidney	P.O. Box 1485	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Nelson	Chance	P.O. Box 1113	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Niedermeyer	James	P.O. Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568.00
Nielsen	Natasha	P.O. Box 103	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
Noden	Petta	P.O. Box 896	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Olson	Blake	P.O. Box 775	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Parker	Laraine	P.O. Box 191	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,663.50
Parker	Kinka	P.O. Box 191	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568.00
Pauling	Branna	P.O. Box 1176	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Penatac	John	P.O. Box 158	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Petersen	Jennifer	P.O. Box 70145	South Naknek, AK 99670	None	None	Educational Scholarship	\$ 2,568.00
Phillips	Evelyn	P.O. Box 653	Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$ 2,568.00
Piazza	Steven	P.O. Box 1571	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Reiswig	Bethany	P.O. Box 207	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Richard	Wesley	P.O. Box 485	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Ruby	Andrea	P.O. Box 81	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Savo	Kimberly	P.O. Box 109	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,663.50
Schroeder	Leona	P.O. Box 364	Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 2,568.00
Shade	Derek	P.O. Box 728	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Shade	Tyler	P.O. Box 393	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 1,284.00
Swartz	Sarah	P.O. Box 485	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568.00
Swift	Shannon	P.O. Box 368	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Tennyson	Bethany	P.O. Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
Tennyson	Chad	P.O. Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Tibbets	Allen	P.O. Box 253	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568.00
Todd	Rachel	P.O. Box 126	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00
Vahle	Logan	P.O. Box 603	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,663.50
Venua	Angeli	P.O. Box 287	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Walsh	James	P.O. Box 877	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Walsh	Erin	P.O. Box 877	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Webb	Amber	P.O. Box 665	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 1,284.00
Webb	Tiffany	P.O. Box 173	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,996.00
Wick	Michael	P.O. Box 348	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568.00
Wilson	Shawna	P.O. Box 234	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00
Wilson	Danica	P.O. Box 237	Naknek, AK 99633	None	None	Educational Scholarship	\$ 2,568.00

Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Wood V	Isaac	P O Box 916	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568 00
Woods	Shelley	P O Box 63	Dillingham, Alaska 99576	None	None	Educational Scholarship	\$ 2,568 00
Wysocki	Rick	P O Box 175	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095 50
Zimin	Kameron	P O Box 399	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,568 00
Zimin	Justin	P O Box 387	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 2,568 00
Zimin	Laura	P.O. Box 387	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 2,095 50
Less Returns from Prior Year Awards							\$ 254,287 00
							\$ (10,198 00)
							\$ 244,089 00



2009-2010 Scholarship Application

Harvey Samuelsen Scholarship
Eligibility Requirements

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- ✧ Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- ✧ Be enrolled in an accredited college or university
- ✧ Be able to demonstrate financial need
- ✧ Be registered as a “Full-time” student, pursuing an Associates degree or higher
- ✧ Undergraduate students must have a minimum 2.0 cumulative GPA
- ✧ Graduate students must have a minimum 3.0 cumulative GPA

Application Deadline is June 26, 2009

If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or
1-907-842-4370

Harvey Samuelsen Scholarship**Application Checklist**

In order for your application to be complete, you must submit the following documents:






- ☐ ✓ Completed Application
- ☐ ✓ BBEDC Residency Form **with required attachments** (photo ID + one additional doc.)
- ☐ ✓ **Official** High School or **Official** College Transcript (must show spring 2009 grades.)
- ☐ ✓ Letter of Interest
- ☐ ✓ Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
- ☐ ✓ Release of Information Form
- ☐ ✓ Copy of Cost of Attendance sheet from University

BBEDC Residency Form must be completed every 12 months

Official Transcripts are required

Applications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed applications must be post-marked by June 26, 2009. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Application Suggestions:

-  Submit application at least 3-weeks prior to the June 26th 2009 deadline.
-  Remember only **complete** applications will be considered (It is **your** responsibility to make sure your application is complete.)
-  Type your letter of interest and, when possible, the application as well.
-  Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)
-  Submit your application and all required documents in the provided pre-addressed envelope.

Mail your applications to:

Bristol Bay Economic Development Corporation
P.O. Box 1464
Dillingham AK 99576

If you have any questions or need assistance with your application, call BBEDC at
1-800-478-4370 or 1-907-842-4370



Harvey Samuelson Scholarship Trust
P.O. Box 1464, Dillingham, AK 99576
(907) 842-4370 * 1-800-478-4370
Fax: (907) 842-4336 * 1-888-325-4336

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

SSN: _____ Student ID # _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Dorm room or apartment address: _____

City: _____ State: _____ Zip: _____

Dorm room/apartment phone # or cell phone#: _____

Community and State of Residency: _____

E-Mail Address: _____

Are you a spouse, or a lineal descendant of any of the following current Harvey Samuelson Scholarship Trust board members? *(A lineal descendant is defined as a child, grandchild, great grandchild, etc.... or a spouse of a child, grandchild, great grandchild etc...)* ☐ Yes ☐ No

Current HSST Board Members include:

Lucy Goode
Mary Ann K. Johnson
Sylvia Kazimirowicz
Fritz Sharp
Harry Wassily

If yes who are you related to and how?

(This will in no way increase or decrease your eligibility for a scholarship)

Application Deadline is June 26, 2009

SCHOOL INFORMATION

High School attended: _____ Graduation Date: _____

GED ☐ Date: _____

School currently attending: _____

School planning to attend: _____

Address of Financial Aid office: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Phone: _____

Have you applied for admission? Yes ☐ No ☐ Been accepted? Yes ☐ No ☐

University Class Standing: 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year + ☐ Graduate School ☐

College Major: _____ Expected Graduation Date: _____

Expected Degree: Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐

Number of credit hours in which you plan to enroll: Fall ____ Winter ____ Spring ____ Summer ____

School on: Quarters ☐ Semesters ☐ Trimesters ☐

Cumulative GPA: _____

Application Deadline is June 26, 2009

PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION
FINANCIAL INFORMATION

FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for.

Name of Scholarship, Grant, etc.	Expected Date of Notification	Amount Requested	Amount Received, Approved
Total of Financial Aid Requested			
Total of Financial Aid Approved			

(Attach additional page if needed)

(Table 1)

SCHOOL YEAR EXPENSES

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition		
Fees/Due		
Room/Rent		
Meals/Food Expense		
Books & Supplies		
Travel (Limited to 2 R T. tickets)		
Child Care		
Miscellaneous	Clothing (maximum allowed is \$300)	
	Entertainment (maximum allowed is \$250)	
Total School Year Expenses		

(Table 2)

FINANCIAL NEED

Total School Year Expenses (Table 2)	
Total Amount of Funds Approved (Table 1)	-
Total Estimated Financial Need	=

LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

1. What are your educational and career goals?
2. What are you contributing to your education?
3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award.

By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I, _____ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

Applicant's Signature: _____ Date: _____

Application Deadline is June 26, 2009

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION

P. O. Box 1464

Dillingham, Alaska 99576

Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature: _____ Date _____

Social Security Number: _____ Date of Birth _____

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature _____ Date _____

Application Deadline is June 26, 2009

BBEDC Affidavit of Residency Form

Name: _____ Date: _____
(Please print)

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ How long at this address: _____

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik, Clarks Point; Dillingham, Egegik, Ekwok, King Salmon; Levelock; Manokotak; Naknek; Pilot Point, Port Heiden, Portage Creek; South Naknek; Togiak, Twin Hills; Ugashik*)
Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 consecutive days per year are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return.

In order to verify your residency in one of the 17 CDQ communities you **must** provide the following documentation:

- A copy of your government issued photo ID (example: AK drivers license/ID, military or tribal ID) **and** at least one of the following documents:
- A copy of your Permanent Fund Dividend check stub that shows your current address.
 - Copies of current utility bill receipts in your name for your residence.
 - A copy of your most recent pay check stub or W-2 that shows your address.
 - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
 - A copy of your current commercial/sport fishing or hunting license that shows your address.

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **post-secondary educational purposes; military service; participation in BBEDC employment & training programs or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter of verification of program participation from BBEDC employment & training staff
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE: _____ DATE: _____

This form must signed by an authorized representative of the village tribal council or the city government.

I verify that _____ is a resident of _____, and
(Name)

☐ has been ☐ has not been (Reason : _____)

residing in this CDQ community for the **past twelve months.**

Signed by: _____ Date: _____

Organization: _____

Thank you for your assistance. If you have questions, please call BBEDC at 842-4370 or 1-800-478-4370

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2009

Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

Note: Form 5227 filers need to complete **only** Parts I and II

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 page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	-338,049.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	5	-338,049.

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) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-573,880.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	12	-573,880.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part

		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		-338,049.
14	Net long-term gain or (loss):			
a	Total for year	14a		-573,880.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-911,929.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** is necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	(3,000.)
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2009

▶ See instructions for Schedule D (Form 1041).
▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

2009

Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

[illegible]

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b	-338,049.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Employer identification number

[illegible]

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b -573,880.

Schedule D-1 (Form 1041) 2009

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization HARVEY SAMUELSEN SCHOLARSHIP TRUST	Employer identification number 30-0065137
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1464	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DILLINGHAM, AK 99576	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.


- The books are in the care of **STACI FIESER**
Telephone No **907 842-4370** FAX No **907 842-4336**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **11/15/2010**
- For calendar year **2009**, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	4,027
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	4,903
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/8/2010**

KPMG LLP
701 WEST 8TH AVENUE, SUITE 600
ANCHORAGE, AK 99501

Form 8868 (Rev. 4-2009)

INTERNAL REVENUE SERVICE
W&I-FIELD ASSISTANCE
ANCHORAGE, AK 99508

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Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization HARVEY SAMUELSEN SCHOLARSHIP TRUST	Employer identification number 30-0065137
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1464	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DILLINGHAM, AK 99576	

INTERNAL REVENUE SERVICE
W&I-FIELD ASSISTANCE
ANCHORAGE, AK 99508

APR 30 2010

Check type of return to be filed (file a separate application for each return)

- | | |
|---|---|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A |

- | |
|------------------------------------|
| <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **STACI FIESER**

Telephone No ► **907 842-4370**FAX No ► **907 842-4336**

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- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year **2009** or
► ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 4,027
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 4,903
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)