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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust

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 change

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	Name of foundation  HARVEY SAMUELSEN SCHOLARSHIP TRUST			<b>A Employer identification number</b>  30-0065137
	Number and street (or P O box number if mail is not delivered to street address)		Room/suite	<b>B Telephone number (see page 10 of the instructions)</b>  (907) 842-4370
	P.O. BOX 1464			
	City or town, state, and ZIP code  DILLINGHAM, AK 99576			

<b>H Check type of organization</b>	<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16)</b>	<b>J Accounting method</b>
\$ 8,108,078.	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual  (Part I, column (d) must be on cash basis)

<b>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))</b>	<b>(a) Revenue and expenses per books</b>	<b>(b) Net investment income</b>	<b>(c) Adjusted net income</b>	<b>(d) Disbursements for charitable purposes (cash basis only)</b>
1 Contributions, gifts, grants, etc., received (attach schedule)	75,253.	ATCH 1		
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	250,053.	250,053.		ATCH 2
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)	-911,929.			
6a Net gain or (loss) from sale of assets not on line 10				
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)				
11 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-	

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<b>Part II Balance Sheets</b>		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
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	175,598.	229,582.	229,582.
	3	Accounts receivable ► 7,818.			
		Less allowance for doubtful accounts ►	128.	7,818.	7,818.
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	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) ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges ATCH 9. . . . .		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) ATCH 11.	4,409,934.	5,723,230.	5,723,230.
	c	Investments - corporate bonds (attach schedule) ATCH 12.	1,294,571.	954,579.	954,579.
<b>Liabilities</b>	11	Investments - land, buildings, and equipment basis ►			
		Less accumulated depreciation ► (attach schedule)			
	12	Investments - mortgage loans . . . . .			
	13	Investments - other (attach schedule) ATCH 13 . . . . .	59,894.	77,694.	77,694.
	14	Land, buildings, and equipment basis ►			
<b>Net Assets or Fund Balances</b>		Less accumulated depreciation ► (attach schedule)			
	15	Other assets (describe ► ATCH 14) . . . . .	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.
	17	Accounts payable and accrued expenses . . . . .		11,299.	
	18	Grants payable . . . . .			
<b>Liabilities</b>	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 ► ATCH 15) . . . . .	6,185.	250,263.	
	23	Total liabilities (add lines 17 through 22) . . . . .	6,185.	261,562.	
<b>Net Assets or Fund Balances</b>	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) ► ATTACHMENT 16	3	1,954,858.
4	Add lines 1, 2, and 3 . . . . .	4	7,846,516.
5	Decreases not included in line 2 (itemize) ►	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.

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**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) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) . . . . .	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	-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 . . . . .	. . . . .		3		

**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) . . . . . 2 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 . . . . . 3 0.054430

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . . 4 7,014,510.

5 Multiply line 4 by line 3 . . . . . 5 381,800.

6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . . 6 1,896.

7 Add lines 5 and 6 . . . . . 7 383,696.

8 Enter qualifying distributions from Part XII, line 4 . . . . . 8 320,491.

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

**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	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . .		5	3,792.
6	<b>Credits/Payments</b>			
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		11	

**Part VII-A Statements Regarding Activities**

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? . . .	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . .	X	
	<i>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</i>		
1c	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? . . . <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i> . . .	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? . . .	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . .	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? <i>If "No," attach explanation</i> . . .	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)? <i>If "Yes," complete Part XIV</i> . . .	X	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . .	X	

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**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
14	Telephone no ► 907-842-4370	
15	ZIP + 4 ► 99576-1464	
	N/A ►	
	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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► . . . . .		
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

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**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))? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	X	
	Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>					
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	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			6b	X	
	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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b	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

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**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

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.

1	NONE	
2		NONE

All other program-related investments. See page 24 of the instructions.

3 NONE \_\_\_\_\_  
\_\_\_\_\_

Total. Add lines 1 through 3 . . . . . ► NONE

**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	<b>Total</b> (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	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,014,510.
6	<b>Minimum investment return.</b> 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	<b>Distributable amount as adjusted</b> 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	1a	320,491.
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1b	0.
b	Program-related investments - total from Part IX-B	2	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	3a	0.
3	Amounts set aside for specific charitable projects that satisfy the	3b	0.
a	Suitability test (prior IRS approval required)	4	320,491.
b	Cash distribution test (attach the required schedule)	5	N/A
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	6	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)		
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4		

**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 07 ,20 06 ,20 05 . . . . .				
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 ► \$ 320,491. . . . .				
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**

1a	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				►	4942(j)(3) or	4942(j)(5)
b	Check box to indicate whether the foundation is a private operating foundation described in section						
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed						
	Tax year				Prior 3 years		(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006			
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)(ii)						
	(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

### • 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**

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
SEE ATTACHMENT 19			SEE ATTACHMENT 19	244,089.
<b>Total</b>			► 3a	244,089.
<b>b Approved for future payment</b>				
<b>Total</b>			► 3b	

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514	Related or exempt function income (See page 28 of the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	.....				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	.....			14	250,053.
5 Net rental income or (loss) from real estate					
a Debt-financed property	.....				
b Not debt-financed property	.....				
6 Net rental income or (loss) from personal property	.....				
7 Other investment income	.....				
8 Gain or (loss) from sales of assets other than inventory				18	-911,929.
9 Net income or (loss) from special events	.....				
10 Gross profit or (loss) from sales of inventory	.....				
11 Other revenue a					
b MISCELLANEOUS INCOME				01	60.
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e) .....					-661,816.
13 Total Add line 12, columns (b), (d), and (e)					-661,816.

(See worksheet in line 13 instructions on page 28 to verify calculations.)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )

NOT APPLICABLE

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
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?		
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		

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		ENTITIES ARE RELATED AND HAVE
DEVELOPMENT CORP.	501(C) (4)	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

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

<b>Sign Here</b> <b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> 	<b>Date</b> 	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (See Signature on page 30 of the instructions)</b> <b>P00146958</b>
				<b>EIN</b> 
<b>Firm's name (or yours if self-employed), address, and ZIP code</b> <b>KPMG LLP</b> <b>701 WEST 8TH AVENUE, SUITE 600</b> <b>ANCHORAGE, AK 99501</b>		<b>Phone no</b> 		

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

**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 foundation

Check 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="" 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)
		\$ _____	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

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

30-0065137

ATTACHMENT 1

NAME AND ADDRESS

DATE

DIRECT  
PUBLIC  
SUPPORT

BRISTOL BAY ECON. DEV. CORP.  
P.O. BOX 1464  
DILLINGHAM, AK 99576

75,253.

VARIOUS

TOTAL CONTRIBUTION AMOUNTS

75,253.

TR4973 1832 11/8/2010 12.27.16 AMV 09-R 5

790642

ATTACHMENT 1

ATTACHMENT 2FORM 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>

## FORM 990PF, PART I - OTHER INCOME

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

ATTACHMENT 3

ATTACHMENT 4FORM 990PE, 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.	0.	0.	750.
TOTALS	<u>750.</u>			<u>750.</u>

ATTACHMENT 5FORM 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.	0.	6,900.	6,900.
TOTALS	<u>6,900.</u>	<u>0.</u>	<u>6,900.</u>	<u>6,900.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

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

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ATTACHMENT 7

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FORM 990PF, PART I - TAXESREVENUE  
AND  
EXPENSES  
PER BOOKSDESCRIPTION

EXCISE TAXES REFUNDED	-8,503.
TOTALS	<u>-8,503.</u>

FORM 990PF PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
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 990PE, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

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

ATTACHMENT 9

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

<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>

ATTACHMENT 10

DESCRIPTIONBEGINNING  
BOOK VALUEENDING  
BOOK VALUEENDING  
FMV

<u>EQUITY SECURITIES/MUTUAL FUNDS</u>	<u>4,409,934.</u>	<u>5,723,230.</u>	<u>5,723,230.</u>
<u>TOTALS</u>	<u><u>4,409,934.</u></u>	<u><u>5,723,230.</u></u>	<u><u>5,723,230.</u></u>

ATTACHMENT 11

FORM 990PF, PART II - CORPORATE BONDS

<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><u>1,294,571.</u></u>	<u><u>954,579.</u></u>	<u><u>954,579.</u></u>

ATTACHMENT 12

DESCRIPTIONBEGINNING  
BOOK VALUEENDING  
BOOK VALUEENDING  
FMV

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING EMV</u>
ACCRUED INTEREST	33,049.	22,263.	22,263.
TOTALS	<u><u>33,049.</u></u>	<u><u>22,263.</u></u>	<u><u>22,263.</u></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 15

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON MARKETABLE SECURITIES	1,954,858.
TOTAL	<u>1,954,858.</u>

ATTACHMENT 16

## HARVEY SAMUELSEN SCHOLARSHIP TRUST

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

30-0065137

## ATTACHMENT 17

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT
			TO EMPLOYEE	AND OTHER BENEFIT PLANS ALLOWANCES.
MARY ANN K. JOHNSON P.O. BOX 1461 DILLINGHAM, AK 99576	PRESIDENT .10	1,050.	0.	711.
SYLVIA KASMIROWICZ P.O. BOX 1464 DILLINGHAM, AK 99576	TREASURER .10	900.	0.	0.
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576	BOARD MEMBER .10	1,050.	0.	550.
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576	VICE PRESIDENT .10	750.	0.	596.
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576	SECRETARY .10	1,200.	0.	1,459.
GRAND TOTALS		<u>4,950.</u>	<u>0.</u>	<u>3,316.</u>

ATTACHMENT 18

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

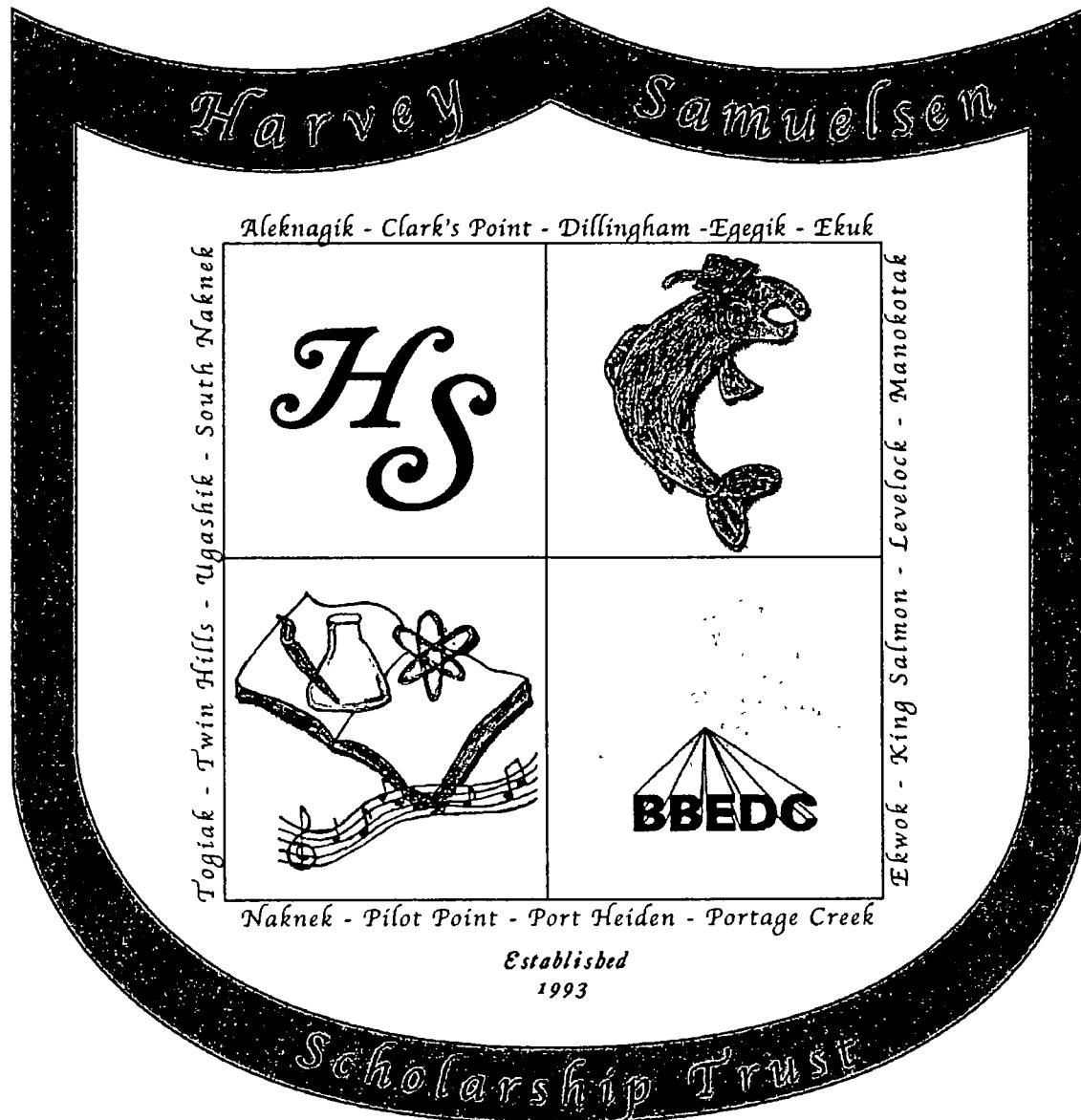
BBEDC  
P.O. BOX 1464  
DILLINGHAM, AK 99576  
907-842-4370

ATTACHMENT 18

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
Babak	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
Bobbitt	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	Adrienne	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
Chyhlook	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	Katlie	P.O. Box 8	Levelock, AK 99625	None	None	Educational Scholarship	\$ 2,568.00
Denslinger	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
Gardiner	Melinda	P.O. Box 1338	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Globo	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	Lynsey	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	Kyristin	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
Huisling	Hannah	P.O. Box 56	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 3,379.50
Hunley	Allanah	P.O. Box 198	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
Isaacson	Cohnn	P.O. Box 157	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568.00
Jaeks	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	\$ 2,568.00
Johansen	Cheri	P.O. Box 956	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,663.50
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	Mariene	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
Kazimirowicz	Matilda	P.O. Box 9	Elwrook, 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
Knitz	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	Loulare	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	Chanice	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	\$ 2,568.00
Noden	Pelta	P.O. Box 896	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,095.50
Olson	Blake	P.O. Box 775	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
Parker	Lorraine	P.O. Box 191	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,568.00
Parker	Kinka	P.O. Box 191	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,663.50
Pauling	Brianna	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. 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	\$ 1,284.00
Webb	Amber	P.O. Box 665	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,996.00
Webb	Tiffany	P.O. Box 173	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,568.00
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

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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**

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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 26<sup>th</sup> 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 Samuelsen 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 Samuelsen 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**

PART XV – SUPPLEMENTARY INFORMATION HSST SCHOLARSHIP APPLICATION  
**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:    1<sup>st</sup> year     2<sup>nd</sup> year     3<sup>rd</sup> year     4<sup>th</sup> 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
<b>Total of Financial Aid Requested</b>			
<b>Total of Financial Aid Approved</b>			

(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)	
<b>Total School Year Expenses</b>		

(Table 2)

**FINANCIAL NEED**

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

**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:

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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, Ekuk, 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 be 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**

OMB No 1545-0092

**2009**

► 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).

Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

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

Employer identification number

30-0065137

**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

<b>Part III</b> <b>Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part</b>		<b>(1) Beneficiaries' (see page 5)</b>	<b>(2) Estate's or trust's</b>	<b>(3) Total</b>
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 Worksheets 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	25		
	<input type="checkbox"/> No. Enter the amount from line 23 . . . . .	26		
26	Subtract line 25 from line 24 . . . . .	27		
27	Are the amounts on lines 22 and 26 the same?			
	<input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31	28		
	<input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	29		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	30		
29	Subtract line 28 from line 27 . . . . .	31		
30	Multiply line 29 by 15% (15) . . . . .	32		
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) . . . . .	33		
32	Add lines 30 and 31 . . . . .	34		
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) . . . . .			
34	<b>Tax on all taxable income.</b> Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .			

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

**Name of estate or trust**

HARVEY SAMUELSEN SCHOLARSHIP TRUST

**Employer identification number**  
30-0065137

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . -338,049.

-338,049.

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

**Schedule D-1 (Form 1041) 2009**

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side.

**Employer identification number**

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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

**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-B L	<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

4 I request an additional 3-month extension of time until	<b>11/15/2010</b>
5 For calendar year <b>2009</b> , or other tax year beginning	and ending
6 If this tax year is for less than 12 months, check reason	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period
7 State in detail why you need the extension <b>INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.</b>	

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	<b>8a</b>	<b>\$ 4,027</b>
b 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	<b>8b</b>	<b>\$ 4,903</b>
c 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	<b>8c</b>	<b>\$ NONE</b>

**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**

AUG 13 2010

**RECEIVED**  
**55101**

Application for Extension of Time To File an  
Exempt Organization Return

► 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 . . . . . ►
- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization HARVEY SAMUELSEN SCHOLARSHIP TRUST	Employer identification number 30-0065137
File by the due date for filing your return. See instructions	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	

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

INTERNAL REVENUE SERVICE

W&amp;I - FIELD ASSISTANCE

ANCHORAGE, AK 99508

Form 5227

Form 6069

Form 8870

APR 30 2011

- The books are in the care of ► STACI FIESER

Telephone No ► 907 842-4370

FAX No ► 907 842-4336

RECEIVED  
55105

- 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)