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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

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

OMB No 1545-0052

2009

Fo	rcale	endar year 2009, or tax year beginning		, and ending	····	
G	Che	ck all that apply: Initial return		ormer public charity	Final retu	rn
		Amended return	X Address chan	ige	Name change	
ü	se th	e IRS Name of foundation			A Employer identification	on number
	labe			•	00 015416	0
Ç	therv			Room/suite	92-015416	<u> </u>
	prii or tyj	· ·	,	Hoom/suite	B Telephone number	206
		autic 2702 DUNITUE DIRECT	SUITE 100		907-286-2	
	struct				C if exemption application is D 1 Foreign organizatio	
	Char		exempt private foundation		2 Foreigh organizations recheck here and attach	neeting the 85% test,
'n	_	ck type of organization: X Section 501(c)(3) (section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation		
			ting method. X Cash	Accrual	E If private foundation signature under section 507(b)(
			Other (specify)	Accidal	1	
•	,,, ►\$		umn (d) must be on cash t	basis)	under section 507(b)(a 60-month termination
_	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
L		(The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	22,275.		N/A	
	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				
	58	g Gross rents	12,150.	12,150.		STATEMENT 1
	ļ	Net rental income or (loss) 12,150.		· · · · · · · · · · · · · · · · · · ·		
a	6	Net gain or (loss) from sale of assets not on line 10				
200	ı	Gross sales price for all assets on line 6a				<u> </u>
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
~	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				G
	Ι.	and allowances 1,121	·			STATEMENT 2
	1	Less Cost of goods sold	1,121.			CM3/MEMBARM 2
	}	Gross profit or (loss) Other income	8,027.	0.		STATEMENT 3 STATEMENT 4
	11 12	Total Add lines 1 through 11	43,573.	12,150.		SIAIEMENI 4
	13	Compensation of officers, directors trustees etc	0.	0.		0.
	14	Other employee salaries and wages	0.			
	15	Pension plans, employee benefits				
ŝes	40-	Lagal face	4,904.	0.		2,452.
enses		Accounting ExCEIVED 311111 3				
Ě	C	Other professional fees				
Ş	17	Interest 101 2 2010 191				
rat	18	Taxes NOV 2 2 2010 STMT 6	218.	218.		109.
SE	19	Deptet ation and depletion				
È	20	Occupancy GDEN.			<u> </u>	
Ă	21	Travel, conferences, and meetings				
ац	22	Printing and publications	1,720.	0.		860.
gu	23	Other expenses STMT 7	1,179.	0.		593.
rat	24	Total operating and administrative		24.0		
Operating and Administrative		expenses Add lines 13 through 23	8,021.	218.		4,014.
~	25	Contributions, gifts, grants paid	16,672.			16,672.
	26	Total expenses and disbursements	24 602	210		20 606
	-	Add lines 24 and 25	24,693.	218.		20,686.
	27	Subtract line 26 from line 12:	10 000	İ		
	l	Excess of revenue over expenses and disbursements	18,880.	11,932.		
		Net investment income (if negative enter -0-) Adjusted net income (if negative, enter -0-)	<u> </u>	11,334.	N/A	
	Ü	volegren ner inconte (a nedanse' euret -0-)	<u> </u>		N/A	L

Fo	orm 9	90-PF (2009) OLD HARBOR SCHOLARSHIP			0154160 Page 2
1	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	(c) Fair Market Value
Ξ	1		(a) Book Value	(b) Book Value 97,451.	
	1	Cash - non-interest-bearing	71,791.	91,431.	97,451.
	1	Savings and temporary cash investments Accounts receivable ► 170.			
	"	Less: allowance for doubtful accounts	6,950.	170.	170.
	1	Pledges receivable	0,550.	1700	1,0.
	"	Less: allowance for doubtful accounts	1		
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	1		
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ş	10a	Investments - U.S. and state government obligations			
	ı	Investments - corporate stock			
	1	Investments - corporate bonds			
	ı	Investments - land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			t .
		Less accumulated depreciation			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers)	78,741.	97,621.	97,621.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilitles	20	Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
တ္သ		and complete lines 24 through 26 and lines 30 and 31	70 741	07 601	
Net Assets or Fund Balances	24	Unrestricted	78,741.	97,621.	
aga	25	Temporarily restricted			
<u>0</u>	26	Permanently restricted			
5	ŀ	Foundations that do not follow SFAS 117, check here			
5	27	and complete lines 27 through 31.			
ets	27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund			
188	29	Retained earnings, accumulated income, endowment, or other funds			
ŧ		Total net assets or fund balances	78,741.	97,621.	
Z	30	I O(d) HEL 455CIS OF IUNO DAIANCES	10,121.	91,021.	
	31	Total liabilities and net assets/fund balances	78,741.	97,621.	
_	art			31,021.	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		70 741
		t agree with end-of-year figure reported on prior year's return)	-	1	78,741.
		amount from Part I, line 27a		2	18,880.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3 cases not included in line 2 (itemize)		4	97,621.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b). line 30	5	97,621.
_	· Jaul	Tarrillo	TON IIIO OO		Form 990-PF (2009)

	and Losses for Tax on I			<u> </u>		92-	-0154	1100	Page :
(a) List and desc	ribe the kind(s) of property sold (e arehouse; or common stock, 200 sl	g., real estate,		(b) How P - Pu D - Do	acquired irchase	(c) Date acq (mo., day,	urred yr.)	(d) Date (mo., da	
1a					,,,ation				
	NE								
С									
<u>d</u>				ļ <u>-</u>					
<u>e</u>	, 	ī		<u> </u>		 			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 10	expense of sale			(h) Gain (e) plus (f))	
<u>a</u>									
<u>b</u>		<u> </u>							
<u>C</u>									
<u>d</u>									
Complete only for assets shown	l ng gain in column (h) and owned by	the foundation	n on 12/31/69	_) Gains (Col. ((b) gain g		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i) r col. (j), if any			(k), but not l Losses (fro	ess than -	-0-) or	
a									
b									
С									
d									
<u>e</u>		<u> </u>							
2 Capital gain net income or (net ca	pital loss) If gain, also ente	er in Part I, line)- in Part I, line	7 : 7	} 2					
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		nd (6).		}					
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Invest	ment Inc	ome			
(For optional use by domestic private	<u>, , , , , , , , , , , , , , , , , </u>								
	•			,					
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	tion 4942 tax on the distributable an	nount of any ye	ear in the base per	iod?				Yes [X No
If "Yes," the foundation does not qual									
Enter the appropriate amount in e	each column for each year; see instr	uctions before	making any entrie	S.					
(a) Base period years Calendar year (or tax year beginnir			Net value of nor		<u> </u>		Oistribut (b) divide	ed by col. (
2008		1,635.			56, <u>477</u>				3076
2007		7,140.			40,382				2082
2006		8,050.			23,990				2397
2005		6,000.			14,589				6717
2004		0,000.			<u>10,671</u>	•		1.8/	4239
2 Total of line 1, column (d)			:			2		4.77	8511
3 Average distribution ratio for the 5	•	on line 2 by 5,	or by the number	of years				٥٢	F700
the foundation has been in existen	ice it less than 5 years					3		.95	5702
4 Enter the net value of noncharitable	le-use assets for 2009 from Part X,	line 5				4		114,	407.
5 Multiply line 4 by line 3					-	5		109,	339.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			119.
7 Add lines 5 and 6						7		109,	458.
8 Enter qualifying distributions from						8		20,	686.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax	rate.				
See the Fact VI mondenous			 					000 DI	

For	m 990-PF (2009) OLD HARBOR SCHOLARSHIP FOUNDATION 92-01			Page -
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			239.
	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	~			0.
3	1 - 1			239.
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-			239.
6	Credits/Payments:			
	a 2009 estimated tax payments and 2008 overpayment credited to 2009			
	b Exempt foreign organizations - tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			-
	d Backup withholding erroneously withheld 6d			
7				0.
é	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
٥	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		-	239.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	art VII-A Statements Regarding Activities			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	\top	Yes	No
•	any political campaign?	18	1	X
,	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	\dagger	X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10	_	
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	10	ţ	x
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		 	 ^
•	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	- 1	1	
•	managers. > \$ 0.		ļ]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	İ	x
-	If "Yes," attach a detailed description of the activities.	<u>-</u>	\vdash	
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ĺ	x
Ao	L Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	4b	 	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	-	\vdash	 -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1
•	By language in the governing instrument, or	-	l	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	-	i	1
	remain in the governing instrument?	6	X	Ì
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
•	If "Yes," complete Part II, col (c), and Part XV	<u> </u>	1	
9.	Enter the states to which the foundation reports or with which it is registered (see instructions)	1	Ì	
08	AK	.	İ	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	·		
0	of each state as required by General Instruction G? If "No," attach explanation	0.5	x	1
٥		8b	^	
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			v
40	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	-	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10	L	

Form **990-PF** (2009)

orr	n 990-PF (2009) OLD HARBOR SCHOLARSHIP FOUNDATION 92-015	4160)	Page 5
P	art 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 instructions)	11	L	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► KIM FRASER Telephone no. ► 907-2	86-2	286	
	Located at ▶PO BOX 71, OLD HARBOR, AK ZIP+4 ▶9	<u>9643</u>	}	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		Þ	•
_	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
Pa	art 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.	<u> </u>	Yes	No
18	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1	l	
	a disqualified person? Yes X No			[
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ļ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	X	
	Organizations relying on a current notice regarding disaster assistance check here			
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?	10		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			
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		ĺ	
	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 instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No		l	
þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		ļ	
	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		1	
	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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	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?	46		X

4b X Form **990-PF** (2009)

Form 990-PF (2009) OLD HARBOR SCHOLARSHIP F	OUNDATION		92-01541	.60	Page €
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Required (conti	nued)		
5a During the year did the foundation pay or incur any amount to:		— .			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		es X No	1	-
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	rectly,	(. .		
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		[X] Y	es No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	ر. الساء	(•		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru				5b X	+
Organizations relying on a current notice regarding disaster assistance check l				•	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption i					
expenditure responsibility for the grant?		N/AY	es No		1
If "Yes," attach the statement required by Regulations section 53 494			ľ	1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		i
a personal benefit contract?		↓ ↓	es LALINO	C.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870	-h-Wh		es X No		-
7a At any time during the tax year, was the foundation a party to a prohibited tax		T	· · · · · · · · · · · · · · · · · · ·	7b	+
b If yes, did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trust		anagere Highi		70	Д.
Part VIII Paid Employees, and Contractors	.ees, roundation ivi	anag o rs, mgm	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Ex	kpense nt, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred compensation	accoun	it, other ances
]				
SEE STATEMENT 8		0.	0.		0.
]		
		ļ			
		1	1		
		1			
			<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NUNE."	(d) Contributions to	(a) Fv	pense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun	it, other
	devoted to position		compensation	allowa	ances
NONE					
	<u> </u>				
				İ	
		1			
The large of the complement and are 000,000	<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000		·	<u> </u>	990-PF	(2000)
			Form \$,5U-FF	(2009)

Form 990-PF (2009) OLD HARBOR SCHOLARSHIP FOUNDATI	ION 92	-0154160 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fundamental of others according over CSD 000 for professional annuage		>
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant star number of organizations and other beneficiaries served, conferences convened, research papers pr		Expenses
1		
SEE STATEMENT 9		0.
2		
3		
Part IX-B Summary of Program-Related Investments		<u></u>
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
		

0.

Total, Add lines 1 through 3

Page 8

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		, <u>, , , , , , , , , , , , , , , , , , </u>
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	16	116,149.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	116,149.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	116,149.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,742.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	114,407.
6	Minimum investment return Enter 5% of line 5	6	5,720.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	ıd certair	1
1	Minimum investment return from Part X, line 6	1	5,720.
2a	Tax on investment income for 2009 from Part VI, line 5		
Ь	Income tax for 2009. (This does not include the tax from Part VI.)	i l	
C	Add lines 2a and 2b	2c	239.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	5,481.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,481.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,481.
P	art XII Qualifying Distributions (see 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	20,686.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,686.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,686.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies f	or the section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				5,481.
2 Undistributed income, if any as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004 18,906.				
b From 2005 15, 271.				
c From 2006 16,850.				
dFrom 2007 24,121.	1			
e From 2008 19,029.				
f Total of lines 3a through e	94,177.	<u> </u>		
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 20,686.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				5,481.
e Remaining amount distributed out of corpus	15,205.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	109,382.			
b Prior years' undistributed income. Subtract	105,502.			· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		·		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	18,906.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	90,476.			
10 Analysis of line 9:		İ		
a Excess from 2005 15,271.				
b Excess from 2006 16,850.	-			
c Excess from 2007 24, 121.				
d Excess from 2008 19,029.				
e Excess from 2009 15, 205.		<u></u>	L	orm 990-PE (2000)

Form 990-PF (2009) OLD HAI Part XIV Private Operating I	RBOR SCHOLAR				154160 Page 10
<u> </u>			-A, question 9)	N/A	
1 a If the foundation has received a ruling			_		
foundation, and the ruling is effective f		=	n contrac	4042(3/2) as	4040(3)(5)
b Check box to indicate whether the four		ng touridation described t	Prior 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(2) 2003	(0) 2000	(6) 2007	(0) 2000	(6) 10121
investment return from Part X for				1	1
each year listed				 	
b 85% of line 2a				 	
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	
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 Complete 3a, b, or c for the alternative test refled 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 Info			f the foundation	had \$5,000 or m	ore in assets
Information Regarding Foundation why year (but only if they have contributed in NONE	on Managers: o have contributed more t	han 2% of the total contr	butions received by the	foundation before the clo	se of any tax
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large portio	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions to	preselected charitable o	rganizations and does no		
a The name, address, and telephone num KIM FRASER, 907-286- PO BOX 71, OLD HARBO	2286	applications should be a	ddressed;		
b The form in which applications should b SEE ATTACHED STATEME		on and materials they sho	ould include:		
c Any submission deadlines: N/A			 		
d Any restrictions or limitations on awards SEE ATTACHED STATEME		areas, charitable fields, k	ınds of institutions, or ol	her factors:	

Form 990-PF (2009) OLD HARBOR S Part XV Supplementary Information	CHOLARSHIP FOUR	NDATION	92-01	5 41 60 Page 11
3 Grants and Contributions Paid During the \		Payment		7
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
SEE STATEMENT 10				
Total			▶ 3a	16,672.
NONE				
Total		<u></u>		
Total			> 3b	0.

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513 or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	5000				<u></u>
b					
С) ;				
d	1 1				
e	1 1				
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	12,150.	
6 Net rental income or (loss) from personal					
property			 		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			01	0 007	
9 Net income or (loss) from special events	-		01	8,027.	1,121
O Gross profit or (loss) from sales of inventory Other revenue:			 		1,141
	900099		01	1	
a MISC REVENUE b					
		· · · · · · · · · · · · · · · · · · ·			
		··· —			
	1 1				
d		0.		20,177.	1,121
e Subtotal. Add columns (b), (d), and (e)		0.		20,177.	
e		0.			
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	is.)			13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accomp	plishment of Ex	empt Pu	13	21,298
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accomp	plishment of Ex	empt Pu	13	21,298
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accomp	plishment of Ex	empt Pu	13	21,298
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accomp	plishment of Ex	empt Pu	13	21,298
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accomp	plishment of Ex	empt Pu	13	21,298
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accomp	plishment of Ex	empt Pu	13	21,298

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Part XVII	Information	Regarding	Transfers To and	Transactions and	Relationships With Noncharitable
	Exempt Orga	anizations			

1	Did t	he organization directly or ind	irectly engage in any of the follow	ing with any other organizati	on described in section 501(c) of		Yes	No
			c)(3) organizations) or in section 5					
а	Tran	sfers from the reporting found	dation to a noncharitable exempt of	organization of:				
		Cash	·			1a(1)	[Х
		Other assets				1a(2)		X
b	Othe	r transactions:						
	(1)	Sales of assets to a noncharita	able exempt organization			15(1)		X
			oncharitable 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 me	embership or fundraising solicitati	ions		1b(6)		X
c	Shar	ing of facilities, equipment, ma	ailing lists, other assets, or paid er	mployees		1c		X
d	If the	answer to any of the above is	Yes," complete the following sch	edule. Column (b) should alv	ways show the fair market value of the goods,	other ass	ets,	
					ue in any transaction or sharing arrangement, s			
	colur	nn (d) the value of the goods,	other assets, or services received	ļ				
(a) ı	ine no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and	shanng arr	angeme	nts
			N/A					
						_		
				·				
				· · · · · · · · · · · · · · · · · · ·				
				<u> </u>				
								
		-						
		<u></u>						
2a			tly affiliated with, or related to, one		rations described	_		
			than section 501(c)(3)) or in sec	tion 5277		Yes	X	No
b	If Yes	s," complete the following sche		/h) Time of accounts a	(i) Describer of all the late			
		(a) Name of orga	amzauon	(b) Type of organization	(c) Description of relationsh	iib		
		N/A						
				 				
		·		-				
	<u> </u>							
-	Jnder pe	enalties of persury. I declare that I ha	ave examined this return, including accor	Impanying schedules and stateme	ents, and to the best of my knowledge and belief, it is to	ue corect		
			than taxpayer or fiduciary) is based on			50, 00, 50	•	
		Tanya X	i. Inga	111/15/10	· Tresident			
ē	Sic	nature of officer or trustee		Date	Title			
Sign Here		Preparer's				s identifyir	ng numb	er
gi	ج ج	signature	LUM	11	self- employed ▶ □	•	_	
Sie	Preparer's Use Only	Fum's name (or yours MIKU)		CO., CPA'S	EIN >			
۵	5 8 8 8	if self-employed). \$\int 3601		E 600	City P			
	4		ORAGE, AK 99503	_	Phone no. 907 – 2	78_9	272	
	ــــــــــــــــــــــــــــــــــــــ	121011				n 990- l		
					ran	., 556-	• • (2)	,00

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

0	LD HARBOR SCHOLARSHIP FOUNDATION	92-0154160
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.	
Note. Only a section 501(c	e)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or cruelty to children or animals. Complete Parts I, II, and III	• •
contributions for u If this box is chect purpose Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusively omplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	pregate to more than \$1,000. y religious, chantable, etc,
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B i Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
HA For Privacy Act and for Form 990, 990-E		(Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

OLD HARBOR SCHOLARSHIP FOUNDATION

92-0154160

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OLD HARBOR NATIVE CORPORATION PO BOX 71 OLD HARBOR, AK 99643	s15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II if there is a noncash contribution)

FORM 990-PF RE	NTAL INCOME		STATEMENT 1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND USER FEE		1	12,150.
TOTAL TO FORM 990-PF, PART I, LIN	E 5A		12,150.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT	2
INCOME				
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAL 3. LINE 1 LESS LINE 2	NCES			
	(LINE 15)			
6. OTHER INCOME		1,121		
7. GROSS INCOME (ADD I	LINES 5 AND 6)		1,12	21
9. MERCHANDISE PURCHAS 10. COST OF LABOR 11. MATERIALS AND SUPPI 12. OTHER COSTS 13. ADD LINES 8 THROUGH				_

FORM 990-PF COST	OF GOODS SO	LD - OTHER IN	COME	STATEMENT	
DESCRIPTION				AMOUNT	
OTHER INCOME			-	1,1	21.
TOTAL OTHER INCOME			-	1,1	21
FORM 990-PF	OTHER	INCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	_	8,027.	0.	•	
TOTAL TO FORM 990-PF, PART I	, LINE 11 ==	8,027.	0.		
FORM 990-PF	LEGA	L FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL FEES ACCOUNTING FEES	2,004 2,900			1,00	
го FM 990-PF, PG 1, LN 16A	4,904	0.	•	2,45	52.
FORM 990-PF	TAX	KES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
TAXES AND FEES	218.	218.		10	9.
O FORM 990-PF, PG 1, LN 18	218.	218.		10	9.

FORM 990-PF	OTHER E	OTHER EXPENSES			STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS				STED	(D) CHARITABLE PURPOSES	
CONTRACT LABOR OTHER	990. 189.		0.			495. 98.	
TO FORM 990-PF, PG 1, LN 23	1,179.	-	0.			593.	
FORM 990-PF PART VIII - TRUSTEES	LIST OF OF			rors	STA	TEMENT 8	
NAME AND ADDRESS		LE AND HRS/WK		IPEN-		E N EXPENSE B ACCOUNT	
TANYA INGA PO BOX 1680 KODIAK, AK 99615	PRESII	DENT .00		0.	0	. 0.	
FREDDIE CHRISTIANSEN 7051 CHAD STREET ANCHORAGE, AK 99518		PRESIDENT		0.	0	. 0.	
DOUG INGA PO BOX 520720 BIG LAKE, AK 99652	TREAS	JRER .00		0.	0	. 0.	
PHYLLIS CLOUGH PO BOX 124 DLD HARBOR, AK 99643	SECRET	TARY .00		0.	0	. 0.	
COYTE COOPER CB 3182 SMITH BUILDING 05 CHAPEL HILL, NC 27599	DIRECT	OR . 00		0.	0	. 0.	
LAVERNA DEMIENTIEFF 1200 W. DIMOND BLVD SP 1476 ANCHORAGE, AK 99515	DIRECT	COR 00		0.	0 .	. 0.	
итсн снуа	DIRECT	POR					
C/P RON BERNTSEN 1200 W. DIMON BLVD SP 1492 ANCHORAGE, AK 99515		00		0.	0.	0.	

OLD HARBOR SCHOLARSHIP FOUNDA	TION		92-0154	160
RON BERNSTEN SR. 1200 W. DIMOND BLVD SP 1492 ANCHORAGE, AK 99515	DIRECTOR 1.00	0.	0.	0.
ZORA INGA PO BOX 112 OLD HARBOR, AK 99643	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF D	IRECT CHARITABLE ACT	IVITIES	STATEMENT	9

ACTIVITY ONE

TO ASSIST STUDENTS WHO ARE RESIDENTS OF OLD HARBOR, ALASKA, WHO ARE SHAREHOLDERS OR THE DEPENDENTS OR LINEAL DESCENDANTS OF SHAREHOLDERS OF OLD HARBOR NATIVE CORPORATION TO PURSUE POST SECONDARY EDUCATION IN THEIR CHOSEN FIELDS OF STUDY.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	0.

FORM 990-PF

STATEMENT 10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	AMOUNT
LEONARD MARC ADONGA 125 N WATER APT 15 IDAHO FALLS, ID 93403	NONE SCHOLARSHIP	1,000.
ANNIE MAY PETERSON-LEWIS PO BOX 230544 ANCHORAGE, AK 99523		1,000.
ESTHER GOSDIDER STEVENS 7905 UPPER HUFFMAN ROAD ANCHORAGE, AK 99516	NONE SCHOLARSHIP	1,000.
CHELSIE NAKOSONE 707 PARTRIDGE COURT LINCOLN, CA 95648	NONE SCHOLARSHIP	1,000.
LISA ALEXANDEROFF 2245 BEAVER LAKE DRIVE KODIAK, AK 99615	NONE SCHOLARSHIP	1,000.
	NONE SCHOLARSHIP	1,000.
KRISTOPHER VANWINGERDEN PO BOX 521455 BIG LAKE, AK , 99652	NONE SCHOLARSHIP	1,000.
CYNTHIA BERNS 3754 CHAFFEE CIRCLE ANCHORAGE, AK 99517	NONE SCHOLARSHIP	1,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

OLD HARBOR SCHOLARSHIP FOUNDATI	ION	92-0154160
NINA KRUMREY PO BOX 144 OLD HARBOR, AK 99643	NONE SCHOLARSHIP	1,000.
KYLE VAUGHN 410 NW 8TH ST APT 208 CORVALLIS, OR 97330	NONE SCHOLARSHIP	1,000.
LILY O'BRIEN PO BOX 346 NENANA, AK 99670	NONE SCHOLARSHIP	1,000.
LOGAN RHEAUME 1338 STELLA RD LONG VIEW, WA 98632	NONE SCHOLARSHIP	1,000.
KAITLIN RHEAUME 1338 STELLA RD LONG VIEW, WA 98632	NONE SCHOLARSHIP	1,000.
WESLEY CHRISTIANSEN PO BOX 7 OLD HARBOR, AK 99643	NONE SCHOLARSHIP	672.
ROSE GARCIA 624 IRWIN ST APT 2 ANCHORAGE, AK 99508	NONE SCHOLARSHIP	1,000.
FONY AZUYAK PO BOX 156 OLD HARBOR, AK 99643	NONE SCHOLARSHIP	1,000.
MELISSA BERNS O BOX 3212 KODIAK, AK 99615	NONE SCHOLARSHIP	1,000.
COTAL TO FORM 990-PF, PART XV, LII	NE 3A	16,672.

HOW TO APPLY FOR A SCHOLARSHIP FROM OILD HARBOR SCHOLARSHIP FOUNDATION, INC.

The Old Harbor Scholarship Foundation, Inc., a non-profit corporation, has been established to provide financial assistance in the form of scholarships for post-secondary education, The scholarships are available ONLY TO SHAREHOLDERS of Old Harbor Native Corporation and their dependents and lineal descendants. Persons eligible to apply for educational benefits provided by the Old Harbor Scholarship Foundation, Inc. are:

- A. Alaska Natives who were alive on the date of enactment of ANCSA and who are enrolled in Old Harbor Native Corporation
- B. The dependents and lineal descendants (natural or adopted) of Alaska Natives, as defined in A above.
- C. The record or beneficial owners of common stock of Old Harbor Native Corporation who acquired such stock by inheritance, or otherwise: provided, however, that any record owner who holds such limitation, as executor, administrator, guardian, custodian, or trustee; shall not be eligible to apply for educational benefits solely by reason of such record ownership,

All interested applicants must submit the following documents with their completed application form:

- 1. Official grade transcript (most recent);
- 2. Written evidence of acceptance from school for which scholarship is requested; and
- 3. One (1) letter of recommendation from a person who has known you for at least two (2) years.

Applications are to be mailed or delivered to

Old Harbor Scholarship Foundation, Inc.

P.O Box 71

Old Harbor, Alaska 99643

It is important to submit all of the required documentation relating to the application.

INCOMPLETE APPLICATIONS WILL RECEIVE LOW PRIORITY AND MAY BE REJECTED,

ł.	Name						
	(Last)		(Firs	(MI)			
2.	Date of Birth	Age					
3.	Social Security Nun	nber	☐ Female				
4.	Place of Birth						
5.	Mailing Address	·			~		
					-		
6.	Present Address						
					- 		
7.	Home Phone		Work	Phone			
8.	State of Residency _		How Long?				
9.	Marital Status	☐ Single	☐ Married	☐ Divorced	☐ Separated		
	Name of Spo	use					
10.	Are you a shareholde						
	If your answer is no, from whom you are a Shareholder's Name	lineal descen	dant and describ	e how you are r	elated.		
	Have you taken the S.						
	☐ SAT	☐ ACT	Date _		Score		
12.	Are you currently atte	nding high sci	hool?	□ No			
If ye	es, please list the name	e and address	of the school				
Yea	r you expect to gradua	ite	_				
	- -						

If you need more space to respond to any of the questions in this application, please write your answer on a separate sheet of paper and attach it to the application.

High School applicants must complete questions 13 through 15. These questions are optional for non-high school applicants

13. Your mother's name			
Mother's employer and type o	f work		
14. Your father's name			
Father's employer and type of			
15. List names, ages and school at			
N.			
Name			
Name			
Name	Age	School	
Name	Age	School	
16 High School(s) Attended:			
Name —	Location		Dates Attended
you graduate 🛛 Yes 💢 🗖 No or	obtain a GED	Yes No?	,
•			

Name	Location	Dates Attended

Have you graduated?		
If yes, please list your		
Degree(s)	•	
Degree(s)		
Degree(s)		
Degree(s)	Major(s)	
Degree(s) Have you applied for a Yes		
Degree(s) Have you applied for a Yes	Major(s) dmission to a university, college, junior □ No ion been accepted? □ Yes □ No	
Degree(s) Have you applied for a Yes If yes, has you applicate Please list the name and	Major(s) dmission to a university, college, junior □ No ion been accepted? □ Yes □ No	college or trade school
Degree(s) Have you applied for a Yes If yes, has you applicate Please list the name and Name	Major(s) dmission to a university, college, junior No ion been accepted? Yes No d address of the school	college or trade school
Degree(s) Have you applied for a Yes If yes, has you applicate Please list the name and Name Address	Major(s) dmission to a university, college, junior No ion been accepted? Pes No d address of the school	college or trade school

City/State/ZIP Contact Name and telephone number Have you applied for other scholarship aid? If yes, please list which scholarships you have applied	se list the name and address of the school		
Name Address City/State/ZIP Contact Name and telephone number Have you applied for other scholarship aid?	en awarded any of the scholarships for which you have applied? Yes No	If yes, please list the name and address of the school	
Address City/State/ZIP Contact Name and telephone number Have you applied for other scholarship aid? Yes If yes, please list which scholarships you have applied Have you been awarded any of the scholarships for when the scholarships for which the	en awarded any of the scholarships for which you have applied? Yes No Place I st which scholarships you have applied for	Noo' Error man man and analysis of min arman.	
City/State/ZIP Contact Name and telephone number Have you applied for other scholarship aid? Yes If yes, please list which scholarships you have applied Have you been awarded any of the scholarships for will Yes No	me and telephone number oplied for other scholarship aid? Yes No e list which scholarships you have applied for en awarded any of the scholarships for which you have applied? Yes No	Name ·	_
City/State/ZIP Contact Name and telephone number Have you applied for other scholarship aid? Yes If yes, please list which scholarships you have applied Have you been awarded any of the scholarships for when the scholarships for which the scholarships for when the scholarships for which the scholar	me and telephone number oplied for other scholarship aid? Yes No e list which scholarships you have applied for en awarded any of the scholarships for which you have applied? Yes No	Address	_
Have you applied for other scholarship aid? Yes If yes, please list which scholarships you have applied the scholarships you have applied the scholarships for which you been awarded any of the scholarships for which yes No	en awarded any of the scholarships for which you have applied? Yes No No No No No No No No No No		
Have you applied for other scholarship aid? Yes If yes, please list which scholarships you have applied the scholarships you have applied the scholarships for which yes Yes No	en awarded any of the scholarships for which you have applied? Yes No No No No No No No No No No	City/State/ZIP	- .
Have you been awarded any of the scholarships for when the scholarships are scholarships for when the scholarships for which the scholarships for the scholarships for which the scholarships for the scholarshi	en awarded any of the scholarships for which you have applied? Yes No	Contact Name and telephone number	
Have you been awarded any of the scholarships for when the scholarships are the scholarships.	en awarded any of the scholarships for which you have applied? Yes No		_
Have you been awarded any of the scholarships for when the scholarships are the scholarships.	en awarded any of the scholarships for which you have applied? Yes No		
Have you been awarded any of the scholarships for when the scholarships are the scholarships.	en awarded any of the scholarships for which you have applied? Yes No	Have you applied for other scholarship aid? \(\sqrt{Yes} \) \(\sqrt{No} \)	
Have you been awarded any of the scholarships for w	en awarded any of the scholarships for which you have applied? Yes No	•	
Have you been awarded any of the scholarships for w	en awarded any of the scholarships for which you have applied? Yes No	if yes, please list which scholarships you have applied for	
Have you been awarded any of the scholarships for w	en awarded any of the scholarships for which you have applied? Yes No		
☐ Yes ☐ No	☐ Yes ☐ No		
☐ Yes ☐ No	☐ Yes ☐ No		
☐ Yes ☐ No	☐ Yes ☐ No		
☐ Yes ☐ No	☐ Yes ☐ No		
— · ·		Have you been awarded any of the scholambins for which you have	appneu!
If yes, please list which ones	list which ones		
		☐ Yes ☐ No	

22	Have you chosen your field o	of study?	🗆 Yes	ū	No	
	If yes, please state here what	that is				
	Briefly describe your goals					
23.	Please tell us about your recre	ational ac	tivities and	your h	obbies	
						
	<u></u>	-				
			 			
						
24	P. Laurent II. da					
24	Employment History					
	Employer Name	Loc	cation			Dates of Employment
	Employer Name	Loc	Lation			Dates of Employment
•				· · · · · ·	•	
		-				
-						

25	Two Personal References			
	Name		Phone	
	Address			
	Name		Phone	
	Address			

26. Please attach a copy of your high school and/or college transcript and one (1) letter of recommendation to your application. The letter of recommendation must be from someone, such as a schoolteacher, official, or employer, who has known you for two (2) years or more.

OLD HARBOR SCHOLARSHIP FOUNDATION

92-0154160

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

BOARD PRESIDENT
OLD HARBOR SCHOLARSHIP FOUNDATION
PO BOX 71
OLD HARBOR, AK 99643