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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

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions

Name of foundation: HUNA HERITAGE FOUNDATION

A Employer identification number: 94-3113818

Number and street (or P O box number if mail is not delivered to street address): 9301 GLACIER HIGHWAY

Room/suite:

B Telephone number: 907-523-3682

City or town, state, and ZIP code: JUNEAU, AK 99801

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 320,233.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	308,500.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	36.	36.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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)				
	11 Other income	293.	0.		STATEMENT 2
	12 **Total.** Add lines 1 through 11	308,829.	36.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	58,425.	0.		53,425.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	26,900.	0.		0.
	16a Legal fees				
	b Accounting fees STMT 3	12,000.	0.		12,000.
	c Other professional fees STMT 4	5,220.	0.		5,220.
	17 Interest				
	18 Taxes STMT 5	6,342.	0.		6,342.
	19 Depreciation and depletion	3,487.	1,833.		
	20 Occupancy	12,600.	0.		12,600.
	21 Travel, conferences, and meetings	29,540.	0.		29,540.
	22 Printing and publications	1,092.	0.		1,092.
	23 Other expenses STMT 6	23,247.	0.		23,247.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	178,853.	1,833.		143,466.
	25 Contributions, gifts, grants paid	58,289.			58,289.
	26 **Total expenses and disbursements.** Add lines 24 and 25	237,142.	1,833.		201,755.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	71,687.			
	b **Net investment income** (if negative, enter -0-)		0.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	7,135.	11,993.	11,993.
	2 Savings and temporary cash investments	53,167.	53,252.	53,252.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	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 ▶			
	8 Inventories for sale or use	1,554.	1,323.	1,323.
	9 Prepaid expenses and deferred charges	67.	57.	57.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶ 300,873.			
	Less accumulated depreciation STMT 7 ▶ 47,265.	189,294.	253,608.	253,608.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers)	251,217.	320,233.	320,233.
Liabilities	17 Accounts payable and accrued expenses	1,644.	2,556.	
	18 Grants payable			
	19 Deferred revenue	1,000.	1,000.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ SALARIES PAYABLE)	3,583.	0.	
	23 **Total liabilities** (add lines 17 through 22)	6,227.	3,556.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	244,990.	316,677.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	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**	244,990.	316,677.	
	31 **Total liabilities and net assets/fund balances**	251,217.	320,233.	

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	244,990.
2	Enter amount from Part I, line 27a	2	71,687.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	316,677.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	316,677.

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				
b	NONE			
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) 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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
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). 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 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	250,247.	52,211.	4.792994
2007	218,189.	53,510.	4.077537
2006	229,587.	48,747.	4.709767
2005	217,041.	48,605.	4.465405
2004	192,572.	44,283.	4.348667

2	**Total** of line 1, column (d)	2	22.394370
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	4.478874
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	64,785.
5	Multiply line 4 by line 3	5	290,164.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7	Add lines 5 and 6	7	290,164.
8	Enter qualifying distributions from Part XII, line 4	8	201,755.

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.

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

1a	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% of Part I, line 27b	1	0.
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	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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	0.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		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?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AK			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	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)? *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		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ HUNA HERITAGE FOUNDATION Telephone no. ▶ 907-523-3682

Located at ▶ 9301 GLACIER HIGHWAY, JUNEAU, AK ZIP+4 ▶ 99801

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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)?	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?	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? ☐ Yes ☒ 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 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. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ 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.)* N/A	3b		
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

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

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes ☐ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	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?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		7b	

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.

(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
SEE STATEMENT 8		58,425.	26,900.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
NONE				

Total number of other employees paid over $50,000 ▶ 0

Form **990-PF** (2009)

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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. 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 ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	0.
b	Average of monthly cash balances	1b	65,772.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	65,772.
e	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	65,772.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	987.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	64,785.
6	**Minimum investment return** Enter 5% of line 5	6	3,239.

Part XI Distributable Amount (see 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	3,239.
2a	Tax on investment income for 2009 from Part VI, line 5	2a		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	3,239.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	3,239.
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	3,239.

Part 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	201,755.
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	201,755.
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	201,755.

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 instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				3,239.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 189,359.				
b From 2005 214,613.				
c From 2006 227,151.				
d From 2007 213,516.				
e From 2008 247,636.				
f **Total** of lines 3a through e	1,092,275.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ $ 201,755.				
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				3,239.
e Remaining amount distributed out of corpus	198,516.			
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:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,290,791.			
b Prior years' undistributed income. Subtract 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	189,359.			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	1,101,432.			
10 Analysis of line 9:				
a Excess from 2005 214,613.				
b Excess from 2006 227,151.				
c Excess from 2007 213,516.				
d Excess from 2008 247,636.				
e Excess from 2009 198,516.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

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

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see 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 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:

HUNA HERITAGE FOUNDATION, 907-789-1896
9301 GLACIER HIGHWAY, JUNEAU, AK 99801

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

SEE ATTACHED STATEMENTS 14-32

c Any submission deadlines:

SEE ATTACHED STATEMENTS 14 AND 21

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

SEE ATTACHED STATEMENTS 14, 21, AND 25

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 9				
Total			▶ 3a	58,289.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
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			14	36.	
4 Dividends and interest from securities					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a MISC REVENUE			01	293.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		329.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	329.

(See worksheet in line 13 instructions 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).

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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Sign Here

Kathryn Heatley — 1 93010 — Exec. Director

Signature of officer or trustee — Date — Title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number
	9/23/10		

Firm's name (or yours if self-employed), address, and ZIP code: MIKUNDA, COTTRELL & CO., CPA'S, 3601 C STREET, SUITE 600, ANCHORAGE, AK 99503

EIN ▶

Phone no. 907-278-8878

Form **990-PF** (2009)

923622
02-02-10

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

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

HUNA HERITAGE FOUNDATION

Employer identification number

94-3113818

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).

Name of organization: HUNA HERITAGE FOUNDATION

Employer identification number: 94-3113818

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HUNA TOTEM CORPORATION 9301 GLACIER HIGHWAY, SUITE 200 JUNEAU, AK 99801	$ 192,565.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	NATIONAL PARK SERVICE 240 WEST 5TH AVENUE, RM 114 ANCHORAGE, AK 99501	$ 28,936.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	INSTITUTE OF MUSEUM AND LIBRARY SCIENCES 1800 M STREET NW, 9TH FLOOR WASHINGTON, DC 20036	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	HOONAH TRAILER	VARIES	SL	30.00	16	55,000.			55,000.	25,481.		1,833.
2	FURNITURE AND EQUIPMENT	VARIES	SL	5.00	16	21,768.			21,768.	15,992.		1,654.
3	CULTURAL ASSETS	VARIES	SL			221,800.			221,800.			0.
4	WEBSITE CREATION	VARIES	SL	3.00	16	2,305.			2,305.	2,305.		0.
	* TOTAL 990-PF PG 1 DEPR					300,873.		0.	300,873.	43,778.	0.	3,487.

928102
08-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
MISC	36.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	36.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
MISC REVENUE	293.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	293.	0.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	12,000.	0.		12,000.
TO FORM 990-PF, PG 1, LN 16B	12,000.	0.		12,000.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SELECTION COMMITTEE	600.	0.		600.
OTHER PROFESSIONAL	4,620.	0.		4,620.
TO FORM 990-PF, PG 1, LN 16C	5,220.	0.		5,220.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	6,342.	0.		6,342.
TO FORM 990-PF, PG 1, LN 18	6,342.	0.		6,342.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HONORARIUM	6,000.	0.		6,000.
POSTAGE/FREIGHT	390.	0.		390.
SUPPLIES	4,701.	0.		4,701.
TELEPHONE	401.	0.		401.
LICENSE/FEES	40.	0.		40.
INSURANCE	615.	0.		615.
DUES	125.	0.		125.
SERVICE CHARGES	177.	0.		177.
MISC EXPENSES	6,390.	0.		6,390.
PROMOTIONAL	4,408.	0.		4,408.
TO FORM 990-PF, PG 1, LN 23	23,247.	0.		23,247.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
HOONAH TRAILER	55,000.	27,314.	27,686.	27,686.
FURNITURE AND EQUIPMENT	21,768.	17,646.	4,122.	4,122.
CULTURAL ASSETS	221,800.	0.	221,800.	221,800.
WEBSITE CREATION	2,305.	2,305.		0.
TO 990-PF, PART II, LN 14	300,873.	47,265.	253,608.	253,608.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHY MILLER 9301 GLACIER HIGHWAY JUNEAU, AK 99801	EXECUTIVE DIRECTOR 40.00	53,425.	26,900.	0.
MARLENE JOHNSON 9301 GLACIER HIGHWAY JUNEAU, AK 99801	CHAIRMAN 3.00	1,750.	0.	0.
GRACE VILLARREAL 9301 GLACIER HIGHWAY JUNEAU, AK 99801	TREASURER/SECRETARY 3.00	1,750.	0.	0.
GORDON GREENWALD 9301 GLACIER HIGHWAY JUNEAU, AK 99801	VICE CHAIRMAN 3.00	1,500.	0.	0.
PAUL WHITE JR 9301 GLACIER HIGHWAY JUNEAU, AK 99801	TRUSTEE 1.00	0.	0.	0.
WM. O. OZZIE SHEAKLEY 9301 GLACIER HIGHWAY JUNEAU, AK 99801	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		58,425.	26,900.	0.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 9

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALICE WILDER PO BOX 34785 JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		2,000.
AMBER SARBARD 5300 E 4TH AVE, #112 ANCHORAGE, AK 99508	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		2,000.
BRADFORD DYBDAHL 5984 NORTH ST. JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		2,000.
BYRON KOTONGAN 285 MAIN ST, UNALAKLEET, AK 99684	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		1,000.
CHARLES CARTEETI PO BOX 539 HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		1,000.
CLARISSA HUDSON PO BOX 21453, JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		1,000.
DARLENE SEE PO BOX 353 HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP		500.

DARRILENE KARLSON 1800 NORTHWOOD DR. #G-53 JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
DAWSON AMERMAN 28443 LUKES GULCH RD. STITTES, ID 83552	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
DIXON MAZON 7337 E 6TH AVE, APT C, ANCHORAGE, AK 99504	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
IAN RODGERS 419 BAWDEN STREET KETCHIKAN, AK 99901	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
JEANETTE BROWN PO BOX 1211 SITKA, AK 99835	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
JESSIE DYBDAHL BO BOX 277 HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
JILL MESERVE PO BOX 377 HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
JOE LAMEBULL 7431 TANGLE CT ANCHORAGE, AK 99504	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
JOHNNY MOONEY 127 S FRANKLIN ST., APT 412 JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.

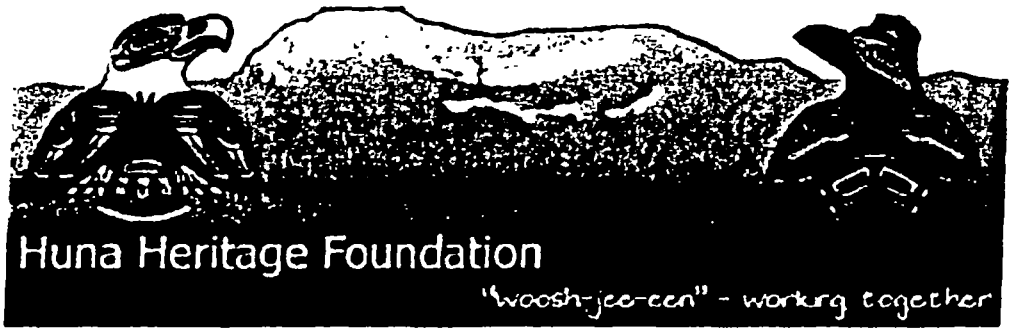
JOLENE SMITH 9324 GLACIER HWY APT 8 JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
JORDAN CORONELL PO BOX 21195 JUNEAU, AK 99802	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
JOSHUA CLOYD PO BOX 871883 WASILLA, AK 99687	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
KATRINA KEARNEY 3585 EAST END RD., #6 HOMER, AK 99603	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
KRISTEL SKAFLESTAD 40272 MCQUEEN DR SWEET HOME, OR 97386	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
LILY HUDSON PO BOX 24223 SANTA FE, NM 87502	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
LYLE JAMES 5915 SUNSET ST. JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
MAYA FULMER 8 MEADOWLARK SPUR OROVILLE, WA 98844	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
MICHELL MARTIN 8516 FOREST LANE JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.

MIRANDA BELARDE-LEWIS 292 MADRONA WAY NE BAINBRIDGE ISLAND, WA 98110	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
NATALIE PFEIFER 2901 BARANOF AVE. KETCHIKAN, AK 99901	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
PATRICK YOUNG 2331 SW 20TH CT., REDMOND, OR 97756	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
PAULA DRAKE 4117 LANA COURT ANCHORAGE, AK 99508	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
PEDRO MOJICA 1461 N TANZANITE ST POST FALLS, ID 83854	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
RALPH WOLFE BOX 289 CRAIG, AK 99921	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
RALPHENIA REFUERZO 9192 JAMES BLVD. #2 JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
RICHARD WOLFE PO BOX 1741 NIXON, MO 60714	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
RYAN WALKER 2399 GLENMORE LANE SNELVILLE, GA 30078	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.

SAMANTHA SHANAHAN 910 NE PROVIDENCE CT PULLMAN, WA 99163	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
SAMUEL WRIGHT PO BOX 618742 EAGLE DR HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	300.
TAEJA OPPEL 97 DANA AVE., ALBANY, NY 12208	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	805.
TANYA GALLANT 4047 GRANITE DR. JUNEAU, AK 99801	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
THOMAS HUGHES 4795 PALO VERDE AVE. FAIRBANKS, AK 99709	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
THOMAS MILLS PO BOX 240632 DOUGLAS, AK 99824	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
TREANA WHITE PO BOX 358, HOONAH, AK 99829	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.
URSALA HUDSON PO BOX 2709 PAGOSA SPRINGS, CO 81147	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	2,000.
VANCE FELTON 4272 SADDLEWOOD FOREST DRIVE WINSTON-SALEM, OR 97756	RELATED TO S/H OF HUNA TOTEM CORPORATION EDUCATIONAL SCHOLARSHIP	1,000.

ALASKA BUSINESS DEVELOPMENT CENTER, INC	NONE TAX ASSISTANCE HOONAH, AK	1,000.
ALASKA PEACE OFFICERS ASSN	NONE 1/4 PAGE AD IN PROGRAM BOOK	340.
BBBS HOONAH	NONE LANE SPONSORSHIP BOWL FOR KIDS	500.
CCTHITA-HIGHER EDUCATION	NONE DONATION TO ALUMNI SCHOLARSHIP ASSISTANCE PROGRAM; 13TH ANNUAL SPRING KING S	100.
CITY OF HOONAH	NONE HOONAH KIDS AND FAMILY FISHING DERBY DONATION	150.
GAAXW X'AAYI DANCERS OR WILLIAM WILSON	NONE GAAXW X'AAYI DANCERS NATIVE ARTS FESTIVAL	500.
HOONAH INDIAN ASSOCIATION	NONE CARRY THE CURE SUICIDE PREVENTION	632.
HOONAH INDIAN ASSOCIATION	NONE GAVE AWAY 2008 PHOTO LARGER PER KM	45.
HOONAH INDIAN ASSOCIATION	NONE GAVE AWAY ONE $45 LARGE SIZED 2008 CLAN WORKSHOP PHOTO	45.
HOONAH SALVATION ARMY	NONE DONATION TO BUY 4 TABLES FOR NEW HOONAH SALVATION ARMY BLDG	208.

HOONAH SENIOR CENTER	NONE JULY FOURTH EVENT CONTRIBUTIONS	100.
JUNEAU CHAPTER, USCG	NONE JUNEAU SENIOR CITIZEN'S HOLIDAY DINNER	150.
JUNEAU LIONS CLUB	NONE BRONZE LEVEL SPONSORSHIP 2009 GOLD MEDAL	250.
JUNEAU PARKS AND RECREATION	NONE HOONAH COED V-BALL TEAM FEE; PART OF REGISTRATION FEE	150.
JUNEAU PARKS AND RECREATION	NONE REGISTRATION FEE - HOONAH BASKETBALL TEAM	314.
PEOPLE TO PEOPLE AMBASSODOR PROGRAMS	NONE PROGRAM FOR JESSICA L CASULUCAN DELEGATE ID#945864	100.
UAS NATIVE AND RURAL SUPPORT FUND	NONE WOOCH.EEN CLUB NATIVE ORATORY CONTEST	100.
UAS, EAGLE TOTEM CAMPAIGN	NONE CONTRIBUTION	1,000.
UNIVERSITY OF ALASKA ANCHORAGE	NONE FINANCIAL ASSISTANCE - PAULA DRAKE	1,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A		58,289.



EDUCATION ASSISTANCE APPLICATION

Huna Heritage Foundation Education Assistance funds are granted to meet students' financial needs after personal funds and other resources are exhausted. Students may receive up to a maximum of $2,000 during each calendar year.

To be eligible, you must...

- **Be a Huna Totem Corporation Shareholder or descendant**
- **Have a high school diploma or GED certificate**
- **Be accepted by or attending an accredited college or university. Apprenticeships and on-the-job training may also be funded.**
- **Be enrolled in a minimum of six [6] semester hours**
- **Be in good academic standing**
- **Submit documents to verify you meet the above requirements**

STUDENTS MUST APPLY FOR FUNDING FROM OTHER SOURCES BEFORE APPLYING FOR EDUCATION ASSISTANCE FROM HUNA HERITAGE FOUNDATION

All pages of this application must be completed and submitted with the required supporting documents to Huna Heritage Foundation on, or before, the corresponding deadlines listed below. If mailed, it must be postmarked on or before the deadline Late or incomplete applications will not be reviewed.

Application Deadlines

October 31st: 1st/2nd Quarter / 1st Semester
January 31st: 3rd/4th Quarter / 2nd Semester

9301 GLACIER HWY. • JUNEAU, AK 99801 • Phone (907) 523-3682 (800) 428-8298 • FAX (907) 789-1896
website: www.hunaheritage.org • email: kmiller@hunatotem.com

(Rev. 7/2007)

STMT 14

HUNA HERITAGE FOUNDATION
FINANCIAL ASSISTANCE APPLICATION

Print Clearly or Type ~ All pages must be completed

Name: _____
Last First Middle

_____
Your CLAN / HOUSE / TLINGIT NAME *(if known)*

Social Security Number: _____ Birthdate: _____

Permanent Address: _____
Box/Street City State Zip

School Address: _____
Box/Street City State Zip

Phone No.:(school) _____ (work) _____ (permanent) _____

Email (primary): _____ Email (alternate): _____

Huna Totem Shareholder? _____ No _____ Yes Shareholder No *(if known)*: _____

Descendant of HTC Shareholder? _____ Yes _____ No

Descendant of whom? _____

Tribal Enrollment: What Tribe? _____ Enrollment No.: _____

No. of Dependents: _____ Ages: _____

Highest Grade Completed: _____ What Year? _____ Where? _____

College you are attending or applying to: _____

_____
Address City State Zip

Expected Degree _____
Major Field of Study (if determined)

Start Date: _____ Completion/Graduation Date: _____

STMT 15

STUDENT'S FINANCIAL NEEDS ASSESSMENT

Currently Attending School? ____ No ____ Yes _____ Year _____ Credits Earned

School attending is _____ Semester-based _____ Quarter-based

For what quarter/semester are you applying for funding?

_____ Fall _____ Winter _____ Spring _____ Summer

School Expenses *(provide costs for FULL school year)*

Tuition	$ _____
Fees	$ _____
Books & Supplies	$ _____
Housing/Utilities (on campus housing)	$ _____
Meals	$ _____
Transportation	$ _____
Tutor	$ _____
Other (Identify) _____	$ _____
Other (Identify) _____	$ _____
Total School Expenses	$ _____

Living Expenses *(provide costs for FULL school year)*

Housing (off-campus)	$ _____
Utilities	$ _____
Food	$ _____
Transportation	$ _____
Other (Identify) _____	$ _____
Other (Identify) _____	$ _____
Total Living Expenses	$ _____

TOTAL SCHOOL AND LIVING EXPENSES $ _____

Applicant's Name: _____

(Rev. 5/2005)

STMT 16

STUDENT INCOME & OTHER RESOURCES AVAILABLE
FOR SCHOOL AND LIVING EXPENSES

YOUR INCOME OR FAMILY CONTRIBUTION

From Wages or Gifts . . . . . $ _____

Parents or Guardian Contribution . . . . . $ _____

Other (child support, PFD, etc.) . . . . . $ _____

Total INCOME Available . . . . . $ _____

SCHOLARSHIPS, GRANTS, OR LOANS:
Attach copies of letters awarding or denying funding from all other programs or sources.

Hoonah Indian Assoc. (or other tribal entity) . . . . $ _____

Tlingit & Haida Central Council . . . . . $ _____

Sealaska Heritage Institute . . . . . $ _____

Goldbelt Incorporated . . . . . $ _____

_____ Native Corporation . . . $ _____

Local ANB/ANS or Grand Camp Scholarship . . . . . $ _____

Pell Grant . . . . . $ _____

Alaska Student Loan . . . . . $ _____

Other . . . . . $ _____

Total Scholarships/Grants/Loans . . . $ _____

TOTAL RESOURCES *(Income + Scholarships/Grants/Loans)* . . . . . $ _____

To determine your financial needs, subtract your Total Resources from your School & Living Expenses

TOTAL SCHOOL AND LIVING EXPENSES (*from previous page*) . . . . . $ _____

TOTAL RESOURCES (*from above*) . . . . . $ _____

AMOUNT NEEDED . . . . . $ _____

Applicant's Name: _____

(Rev 5/2005)

STMT 17

ASSESSMENT BY SCHOOL'S FINANCIAL AID OFFICER

Student: *Complete Pages 2 & 3 of this application and provide copies of them with this page to the school's FAO for assessment and signature. The student is responsible for submitting this completed page to HHF as part of the completed application.*

Financial Aid Officer (FAO): *Please evaluate the student's expenses and resources provided on pages 2 & 3 of this application.*

FAO Name _____ Email _____

Name of College/University _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

ARE THE STUDENT'S PROJECTED EXPENSES ACCURATE/REALISTIC?

Tuition _____ Comments: _____
Books _____ _____
Housing _____ _____
Fees _____ _____

HAS STUDENT IDENTIFIED ALL FINANCIAL RESOURCES?

Grants _____ Comments: _____
Loans _____ _____
Other _____ _____

IS FINANCIAL ASSISTANCE AVAILABLE TO THIS STUDENT THROUGH YOUR OFFICE?

Yes _____ No _____

HAS THIS STUDENT BEEN ADVISED OF AVAILABLE FUNDING OPPORTUNITIES?

_____ Yes _____ No Results: _____

_____

_____ _____
FAO Signature Date

Applicant's Name: _____

(Rev 5/2005)

STMT 13

STUDENT'S FINANCIAL NEEDS ASSESSMENT NARRATIVE

EXPLAIN YOUR FINANCIAL NEEDS:
Provide any information you feel necessary to help Huna Heritage Foundation evaluate your application.

WHAT ARE YOUR PLANS, ONCE YOU HAVE COMPLETED YOUR EDUCATION?

I certify that, to the best of my knowledge, all information provided in this application is true.

Applicant Signature _____ Date _____

Applicant's Name: _____

STMT 19

STUDENT'S WAIVER FOR RELEASE OF INFORMATION

I, the undersigned student, hereby authorize Huna Heritage Foundation to request and obtain information from the university, college, or vocational school I am attending concerning my academic achievement. This may include, but is not limited to obtaining copies of my transcripts, talking with professors, counselors, and administrative personnel, to provide information regarding my educational assistance application.

_____ _____

Applicant Signature Date

Notice to Applicant:

The decision to award an education assistance grant rests solely with the Board of Trustees of the Huna Heritage Foundation; the Board's decisions are final. Filing an application for educational assistance does not constitute a contract with Huna Heritage Foundation, Inc., nor is HHF under any contractual requirement to award educational assistance funds to applicants.

HHF Application Requirements

Use the checklist below to make sure all required items are completed and/or attached before delivering the application to Huna Heritage Foundation.

1. _____ All sections of Huna Heritage Foundation application are completed
2. _____ High School transcripts or GED Certificate attached; letters of recommendation from school administrators are provided.
3. _____ Letter or written notification of acceptance from the college or university is attached.
4. _____ If you are currently attending college or university, a recent transcript and current schedule of classes must be attached.
5. _____ Your school's Financial Aid Office must complete and sign the Financial Aid Officer Assessment (if already in college)
6. _____ Scholarship applications filed with other agencies; letters/notices of your scholarship awards/denials from other agencies are attached to this application
7. _____ Waiver/release of information statement is signed and dated.

All pages of this application must be completely filled out and delivered with the required support documents to Huna Heritage Foundation on or before deadlines listed below. Applications sent in the mail must be postmarked no later than the deadline for which you want it considered. Late or incomplete applications will not be reviewed.

Application Deadlines:

October 31st: 1st/2nd Quarter / 1st Semester
January 31st: 3rd/4th Quarter / 2nd Semester

Mail Application To: **Huna Heritage Foundation**
9301 Glacier Highway
Juneau, AK 99801

FAX Application To: **(907) 789-1896**
Note: if faxing your application, the original application must also be mailed to the Huna Heritage Foundation.

For Information Call: **(907) 523-3862**
1-800-428-8298 ~ Long Distance

Applicant's Name: _____

HUNA HERITAGE FOUNDATION
CULTURAL ASSISTANCE PROGRAM
(Please PRINT neatly or TYPE this application)

NAME:_____
LAST FIRST MIDDLE

HOME ADDRESS:_____
BOX/STREET CITY STATE ZIP

SCHOOL ADDRESS:_____
BOX/STREET CITY STATE ZIP

PHONE#: (HM)_____(WK)_____(SCHOOL)_____

SOCIAL SECURITY#:_____**BIRTHDATE:**_____

ARE YOU A HUNA TOTEM SHAREHOLDER? _____**ENROLLMENT#:**_____

OR A DESCENDANT? YES_____**NO**_____**OF WHOM?:**_____

NAME OF PARENTS:(FATHER)_____(MOTHER)_____

HUNATOTEM SHAREHOLDER NUMBERS:(FATHER)_____ (MOTHER)_____

Identify the traditional art form/practice you intend to study:

Wood Carving _____ **Basket Weaving**____ **Jewelry Carving**____ **Dancin/singing**____

Regalia____ **Oral History/Legends**____ **Language Study**____ **Sewing/Beading**____

Blanket Making_____ **Medicine**_____ **Other(explain)**_____

Where will the classes or projects take place? _____

_____

When will the class/project begin?_____ **Completion Date?**_____

APPLICANT'S STATEMENT
HUNA HERITAGE CULTURAL ASSISTANCE PROGRAM

PERSONAL HISTORY: Information about your family and Clan.

How will this grant will help you, what are your plans to utilize the Art Form or knowledge in the future?

FINANCIAL ASSISTANCE

COST OF TRAINING:

TUITION FEES..... $_____

MATERIALS(Related to training)..... $_____

OTHER (Related to training)..... $_____

Total Cost..... $_____

RESOURCES AVAILABLE

PERSONAL CONTRIBUTION..... $_____

OTHER SCHOLARSHIPS..... $_____

Total resources Available..... $_____

NEEDS: (To determine need, subtract resources from cost)

TOTAL COST..... $_____

TOTAL RESOURCES AVAIBLE..... $_____

AMOUNT NEEDED..... $_____

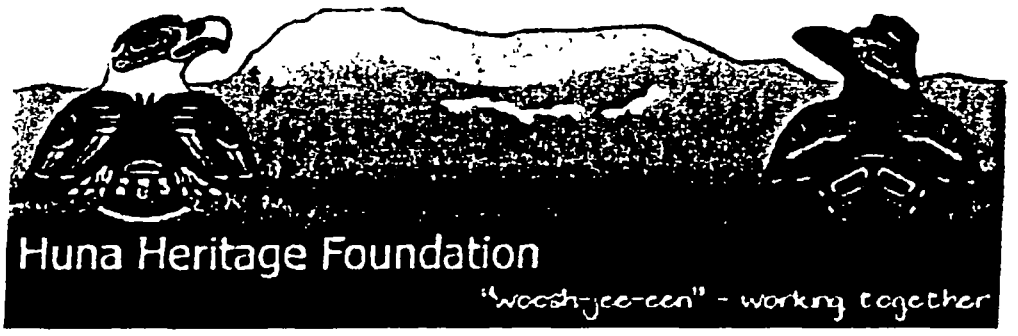
I certify that the information I have provided is true to the best of my knowledge.

_____

Signature of Applicant ***Date***

Applicant's Name_____

STMT 24



VOCATIONAL EDUCATION ASSISTANCE

Huna Heritage Foundation (HHF) provides supplemental financial assistance for Vocational Education and Apprenticeship programs to eligible applicants. To be funded, training should lead to opportunities for gainful employment.

To be eligible for Vocational Education or Apprenticeship Assistance you must:

- **Be a Huna Totem Shareholder or descendant.** The term "descendant" is "a person who is descendant from a Native, or adopted by a Native, or adopted by a descendant of a Native" [*as defined in the Alaska Native Claims Settlement Act Amendments of 1987*]
- **Be unemployed or underemployed.** Applicant must be in need of training in order to be employable. Applicants who are underemployed must show how the lack of additional training would result in hardship.
- **Be at least 18 years of age. High school students are eligible at age 17.**
- **If eligible, apply to the Bureau of Indian Affairs agency contracted to provide Vocational Education funding assistance in your area.**

Generally, an applicant will be granted HHF Vocational Education assistance only once. To be considered for a second award, applicants must demonstrate they continue to be unemployed, underemployed, or unable to work in their primary occupation due to physical or other disability.

Requirements:

- Employment should be available at the completion of training.
- Vocational Education courses must be approved by a National Accreditation Association or the Alaska Department of Education's Division of Vocational Education.
- The training course must be full-time. [full-time training consist of 30 hours of study per week and includes shop practices as an integral component.]
- Apprenticeship programs must be approved by the U.S. Bureau of Apprenticeship Training.

Applications for vocational education assistance are reviewed by the Selection Committee and awards are made by Huna Heritage Foundation's Board of Trustees.

9301 GLACIER HWY. • JUNEAU, AK 99801 • Phone (907) 790-4937/(800) 428-8298 • FAX (907) 789-1896
website: http://www.hunaheritage.org • email: education@hunaheritage.org

(Rev. 2/2006)

STMT 25

HUNA HERITAGE FOUNDATION
VOCATIONAL FINANCIAL ASSISTANCE APPLICATION

Print Clearly or Type ~ All pages must be completed

Name: _____
Last First Middle

Social Security Number: _____ Birthdate: _____

Permanent Address: _____
Box/Street City State Zip

School Address: _____
Box/Street City State Zip

Phone No.:(school) _____ (work) _____ (permanent) _____

Huna Totem Shareholder? _____ No _____ Yes Shareholder No *(if known)*: _____

Descendant of HTC Shareholder? _____ Yes _____ No

Descendant of whom? _____

Parents (Mother): _____ (Father) _____

Huna Totem Shareholder Number (Mother): _____ (Father): _____

Marital Status: ____ Single ____ Married ____ Divorced ____ Separated ____ Widowed

Name of Spouse: _____ No. of Dependents: _____

Highest Grade Completed: _____ What Year? _____ Where? _____

Institution you are attending or applying to: _____

_____
Address City State Zip

Course Name: _____

Start Date: _____ Completion/Graduation Date: _____

_____

STUDENT'S FINANCIAL NEEDS ASSESSMENT

Currently attending classes in a vocational training program? _____ No _____ Yes

If Yes, How many months in training? _____

School Expenses *(provide costs for FULL school year)*

Tuition	$ _____
Fees	$ _____
Books & Supplies	$ _____
Housing/Utilities (on campus housing)	$ _____
Meals	$ _____
Transportation	$ _____
Tutor	$ _____
Other (Identify) _____	$ _____
Other (Identify) _____	$ _____
Total School Expenses	$ _____

Living Expenses *(provide costs for FULL school year)*

Housing (off-campus)	$ _____
Utilities	$ _____
Food	$ _____
Transportation	$ _____
Other (Identify) _____	$ _____
Other (Identify) _____	$ _____
Total Living Expenses	$ _____

TOTAL SCHOOL AND LIVING EXPENSES $ _____

STUDENT INCOME & OTHER RESOURCES AVAILABLE
FOR SCHOOL AND LIVING EXPENSES

YOUR INCOME OR FAMILY CONTRIBUTION

From Wages or Gifts . . . . . $ _____

If Married, Spouse's Contribution . . . . . $ _____

Parent's or Guardian Contribution . . . . . $ _____

Other (child support, PFD, etc.) . . . . . $ _____

Total INCOME Available . . . . . $ _____

SCHOLARSHIPS, GRANTS, OR LOANS:
Attach copies of letters awarding or denying funding from all other programs or sources.

Hoonah Indian Assoc. (or other tribal entity) . . . . $ _____

BIA AVT Grant . . . . . $ _____

Sealaska Heritage Institute . . . . . $ _____

Goldbelt Incorporated . . . . . $ _____

_____ Native Corporation . . . $ _____

Local ANB/ANS or Grand Camp Scholarship . . . . . $ _____

Pell Grant . . . . . $ _____

Alaska Student Loan . . . . . $ _____

Other . . . . . $ _____

Total Scholarships/Grants/Loans . . . $ _____

TOTAL RESOURCES *(Income + Scholarships/Grants/Loans)* . . . . . $ _____

To determine your financial needs, subtract your Total Resources from your School & Living Expenses

TOTAL SCHOOL AND LIVING EXPENSES (*from previous page*) . . . . . $ _____

TOTAL RESOURCES (*from above*) . . . . . $ _____

AMOUNT NEEDED . . . . . $ _____

Applicant's Name: _____

ASSESSMENT BY SCHOOL'S FINANCIAL AID OFFICER

Student: *Complete Pages 2 & 3 of this application and provide copies of them with this page to the school's FAO for assessment and signature. The student is responsible for submitting this completed page to HHF as part of the completed application.*

Financial Aid Officer (FAO): *Please evaluate the student's expenses and resources provided on pages 2 & 3 of this application.*

FAO Name _____ Email _____

Name of Institution _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

ARE THE STUDENT'S PROJECTED EXPENSES ACCURATE/REALISTIC?

Tuition _____ Comments: _____
Books _____ _____
Housing _____ _____
Fees _____ _____

HAS STUDENT IDENTIFIED ALL FINANCIAL RESOURCES?

Grants _____ Comments: _____
Loans _____ _____
Other _____ _____

IS FINANCIAL ASSISTANCE AVAILABLE TO THIS STUDENT THROUGH YOUR OFFICE?

Yes _____ No _____

HAS THIS STUDENT BEEN ADVISED OF AVAILABLE FUNDING OPPORTUNITIES?

_____ Yes _____ No Results: _____

_____

_____ _____
FAO Signature Date

Applicant's Name: _____

(Rev. 7/2007)

STMT 29

STUDENT'S FINANCIAL NEEDS ASSESSMENT NARRATIVE

EXPLAIN YOUR FINANCIAL NEEDS:
Provide any information you feel necessary to help Huna Heritage Foundation evaluate your application.

WHAT ARE YOUR PLANS, ONCE YOU HAVE COMPLETED YOUR VOCATIONAL TRAINING?

I certify that, to the best of my knowledge, all information provided in this application is true.

Applicant Signature _____ Date _____

Applicant's Name: _____

STMT 30

STUDENT'S WAIVER FOR RELEASE OF INFORMATION

I, the undersigned student, hereby authorize Huna Heritage Foundation to request and obtain information from the university, college, or vocational school I am attending concerning my academic achievement. This may include, but is not limited to obtaining copies of my transcripts, talking with professors, counselors, and administrative personnel, to provide information regarding my educational assistance application.

_____ _____

Applicant Signature Date

Notice to Applicant:

The decision to award an education assistance grant rests solely with the Board of Trustees of the Huna Heritage Foundation; the Board's decisions are final. Filing an application for educational assistance does not constitute a contract with Huna Heritage Foundation, Inc., nor is HHF under any contractual requirement to award educational assistance funds to applicants.

Applicant's Name: _____

HHF Application Requirements

Use the checklist below to make sure all required items are completed and/or attached before delivering the application to Huna Heritage Foundation.

1. _____ All sections of Huna Heritage Foundation application are completed
2. _____ High School transcripts or GED Certificate attached; letters of recommendation from school administrators are provided.
3. _____ Letter or written notification of acceptance from the vocational program is attached.
4. _____ If you are currently attending a vocational program, a recent transcript and current schedule of classes must be attached.
5. _____ Your school's Financial Aid Office must complete and sign the Financial Aid Officer Assessment (if already in college)
6. _____ Applications filed with other agencies; letters/notices of your awards/denials from other agencies are attached to this application
7. _____ Waiver/release of information statement is signed and dated.

All pages of this application must be completely filled out and delivered with the required support documents to Huna Heritage Foundation. Incomplete applications will delay the review process of your application.

DEADLINE NOTE:
Although vocational training applications are accepted on a continuous basis, application must be received in a timely manner to allow for trustee review/approval.

Mail Application To: **Huna Heritage Foundation**
9301 Glacier Highway
Juneau, AK 99801

FAX Application To: **(907) 789-1896**
Note: if faxing your application, the original application must also be mailed to the Huna Heritage Foundation.

For Information Call: **(907) 523-3682**
1-800-428-8298 ~ Long Distance

Applicant's Name: _____