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990-PF

Department of the Treasury  
Internal Revenue ServiceReturn of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

2010

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

For calendar year 2010, or tax year beginning

, 2010, and ending

, 20

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

Name of foundation

HARVEY SAMUELSEN SCHOLARSHIP TRUST

A Employer identification number

30-0065137

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

Room/suite

B Telephone number (see page 10 of the instructions)

P.O. BOX 1464

(907) 842-4370

City or town, state, and ZIP code

DILLINGHAM, AK 99576-1464

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

I Fair market value of all assets at end

J Accounting method: ☐ Cash ☒ Accrual

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

☐ Other (specify) \_\_\_\_\_

16) \$ 8,859,207.

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

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 ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	103,627	ATCH 1		
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	241,492	241,492		ATCH 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	12,859			
b Gross sales price for all assets on line 6a	6,967,107			
7 Capital gain net income (from Part IV, line 2)		12,859		
8 Net short-term capital gain				
9 Income modifications			18,303	
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	5,138	5,138		ATCH 3
12 Total. Add lines 1 through 11	363,116	259,489	18,303	
13 Compensation of officers, directors, trustees, etc.	4,150	2,075		2,075
14 Other employee salaries and wages	19,833			19,745
15 Pension plans, employee benefits	5,542			5,433
16a Legal fees (attach schedule) ATCH 4	40	0	0	40
b Accounting fees (attach schedule) ATCH 5	7,000	0	0	7,000
c Other professional fees (attach schedule)	60,403	60,403		
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	3,654			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	4,602	2,301		2,301
22 Printing and publications				
23 Other expenses (attach schedule) ATCH 8	58,806	6,316		52,490
24 Total operating and administrative expenses. Add lines 13 through 23	164,030	71,095	0	89,084
25 Contributions, gifts, grants paid	298,638			313,237
26 Total expenses and disbursements. Add lines 24 and 25	462,668	71,095	0	402,321
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-99,552			
b Net investment income (if negative, enter -0-)		188,394		
c Adjusted net income (if negative, enter -0-)			18,303	

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

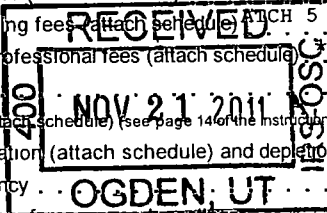
\* ATCH 6 JSA \*\* ATCH 7

Form 990-PF (2010)

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**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	229,582.	390,937.	390,937.
	3 Accounts receivable <b>4,297.</b>			
	Less allowance for doubtful accounts	7,818.	4,297.	4,297.
	4 Pledges receivable			
	Less allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges <b>ATCH 9</b>	1,003.	2,349.	2,349.
	10 a Investments - U.S. and state government obligations (attach schedule) <b>**</b>	1,091,909.	1,066,404.	1,066,404.
	b Investments - corporate stock (attach schedule) <b>ATCH 11</b>	5,723,230.	6,340,247.	6,340,247.
	c Investments - corporate bonds (attach schedule) <b>ATCH 12</b>	954,579.	940,197.	940,197.
	11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule) <b>ATCH 13</b>	77,694.	95,370.	95,370.	
14 Land, buildings, and equipment basis				
Less accumulated depreciation (attach schedule)				
15 Other assets (describe <b>ATCH 14</b> )	22,263.	19,406.	19,406.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	8,108,078.	8,859,207.	8,859,207.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	11,299.	13,162.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe <b>ATCH 15</b> )	250,263.	297,683.	
	23 <b>Total liabilities</b> (add lines 17 through 22)	261,562.	310,845.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted	7,846,516.	8,548,362.	
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/></b>			
	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 <b>Total net assets or fund balances</b> (see page 17 of the instructions)	7,846,516.	8,548,362.	
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)	8,108,078.	8,859,207.		

**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	7,846,516.
2 Enter amount from Part I, line 27a	2	-99,552.
3 Other increases not included in line 2 (itemize) <b>ATTACHMENT 16</b>	3	801,398.
4 Add lines 1, 2, and 3	4	8,548,362.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,548,362.

\*\*ATCH 10

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a. SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	12,859.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. . . . .			3		

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	320,491.	7,014,510.	0.045690
2008	429,157.	8,416,243.	0.050992
2007	371,344.	9,334,578.	0.039782
2006	602,470.	8,461,919.	0.071198
2005	433,407.	7,672,197.	0.056491
2 Total of line 1, column (d)			2 0.264153
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.052831
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 8,005,705.
5 Multiply line 4 by line 3			5 422,949.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,884.
7 Add lines 5 and 6			7 424,833.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18			8 402,321.

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	3,768.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2		3	3,768.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	3,768.
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	6,111.	
b Exempt foreign organizations-tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	6,111.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,343.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 2,343. Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) AK,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . .	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . Website address <b>WWW.BBEDC.COM</b>	13	X	
14	The books are in care of <b>STACI FIESER, FINANCE OFFICER</b> Telephone no <b>907-842-4370</b> Located at <b>411 FIRST AVE EAST DILLINGHAM, AK</b> ZIP + 4 <b>99576-1464</b>			
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 . . . . . <b>15</b>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <b>▶</b>	16	Yes	No X

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

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

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 22 of the instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>	1b	X
<b>c</b> 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 2010? . . . . .	1c	X
<b>2</b> 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))		
<b>a</b> At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> . . . . .		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions) . . . . .	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>▶</b> . . . . .		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2010 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 2010) . . . . .	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
<b>b</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 2010? . . . . .	4b	X

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 17		4,150.	0.	3,379.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . .		NONE

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

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

	Expenses
1 SCHOLARSHIP PROGRAM PROVIDING SCHOLARSHIPS TO RESIDENTS OF THE 17 BRISTOL BAY CDQ COMMUNITIES TO ATTEND ACCREDITED COLLEGES; IN 2010, 80 SCHOLARSHIPS WERE AWARDED.	390,581.
2 ACADEMIC SUPPORT PROGRAM PROVIDING SUPPORT FOR FIRST AND SECOND YEAR STUDENTS AT UAF, UAA, AND FORT LEWIS COLLEGE.	11,740.
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	7,789,400.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	338,219.
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	0.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	8,127,619.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	8,127,619.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	121,914.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	8,005,705.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	400,285.

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	400,285.
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	3,768.
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	3,768.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	396,517.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	18,303.
<b>5</b>	Add lines 3 and 4	<b>5</b>	414,820.
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	414,820.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	402,321.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	0.
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	0.
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0.
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	402,321.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	<b>5</b>	N/A
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	402,321.

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				414,820.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years 20 08 20 07 20 06				
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006	157,310.			
c From 2007				
d From 2008	298.			
e From 2009				
f Total of lines 3a through e	157,608.			
4 Qualifying distributions for 2010 from Part XII, line 4: \$	402,321.			
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2010 distributable amount				402,321.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	12,499.			12,499.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	145,109.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	145,109.			
10 Analysis of line 9				
a Excess from 2006	144,811.			
b Excess from 2007				
c Excess from 2008	298.			
d Excess from 2009				
e Excess from 2010				

Form 990-PF (2010)

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, 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)

**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 . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2010	(b) 2009	(c) 2008	(d) 2007	
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon				
<b>a</b> "Assets" alternative test - enter				
<b>(1)</b> Value of all assets . . . . .				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .				
<b>c</b> "Support" alternative test - enter				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .				
<b>(3)</b> Largest amount of support from an exempt organization . . . . .				
<b>(4)</b> Gross investment income . . . . .				

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

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

NONE

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

NONE

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

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

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

ATTACHMENT 18

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

HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 20

**c** Any submission deadlines

SEE ATTACHED APPLICATION AT ATTACHMENT 20

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

SEE ATTACHED APPLICATION AT ATTACHMENT 20

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

Recipient a. 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 ATTACHMENT 19			SEE ATTACHMENT 19	313,237.
<b>Total</b>			<b>3a</b>	313,237.
b. Approved for future payment				
<b>Total</b>			<b>3b</b>	



		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.		

[illegible]

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

**b** If "Yes," complete the following schedule

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

**Sign  
Here**

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

Signature of officer or trustee Staci S. Riser

11/9/2011  
Date

► Finance Officer  
Title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

PTIN
------

ANN WANG

Ann Way

10/10/11

Check ☐ if self-employed

P00999191

Firm's name ► KPMG LLP

Firm's EIN ► 13-5565207

Firm's address ► 701 WEST 8TH AVENUE, SUITE 600  
ANCHORAGE, AK

99501

Phone no 907-265-1200

**Schedule of Contributors**

OMB No 1545-0047

**2010**

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

**Name of the organization**

HARVEY SAMUELSEN SCHOLARSHIP TRUST

**Employer identification number**

30-0065137

**Organization type (check one)**

**Filers of:**

**Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

Name of organization HARVEY SAMUELSEN SCHOLARSHIP TRUST

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRISTOL BAY ECON. DEV. CORP. P.O. BOX 1464 DILLINGHAM, AK 99576	\$ 103,627.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No 1545-0092

**2010**

Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

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

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

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	115,265.
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back . . . . . ►	<b>5</b>	115,265.

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

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	-102,406.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back . . . . . ►	<b>12</b>	-102,406.

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

Schedule D (Form 1041) 2010

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

		(1) Beneficiaries' (see instr )	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13			115,265.
14 Net long-term gain or (loss):				
a Total for year	14a			-102,406.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c 28% rate gain	14c			
15 Total net gain or (loss). Combine lines 13 and 14a	15			12,859.

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

**Part IV Capital Loss Limitation**

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

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

**Part V Tax Computation Using Maximum Capital Gains Rates**

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

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

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

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

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18 Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero	18	
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20 Add lines 18 and 19	20	
21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Subtract line 22 from line 17. If zero or less, enter -0-	23	
24 Enter the <b>smaller</b> of the amount on line 17 or \$2,300	24	
25 Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23.	25	
26 Subtract line 25 from line 24.	26	
27 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the <b>smaller</b> of line 17 or line 22	27	
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29 Subtract line 28 from line 27	29	
30 Multiply line 29 by 15% ( 15 )	30	
31 Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	31	
32 Add lines 30 and 31	32	
33 Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	33	
34 <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36).	34	

**Continuation Sheet for Schedule D  
(Form 1041)**

OMB No. 1545-0092

2010

► See instructions for Schedule D (Form 1041).

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

Name of estate or trust

HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

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

[illegible]

<b>1b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . .	115,265.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2010

Employer identification number

[illegible]

**6b Total.** Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . -102,406.

## FORM 990PF, PART IV - CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

List and Describe the Kind of Property Sold	How Acquired	Date Acquired	Date Sold	Gross Sales Price	Depreciation		Cost or Other Basis	Gain or (Loss)	Short or Long Term
					Allowed or Allowable				
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	318,651			281,956	36,695	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	658,952			626,788	32,164	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	2,158,480			2,107,068	51,412	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	620,905			529,501	91,404	LONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	148,216			151,499	(3,283)	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	636,349			922,496	(286,147)	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	22,866			19,425	3,441	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	29,413			20,455	8,958	LONG
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,579,855			1,552,855	27,000	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	793,314			742,205	51,109	LONG
UBS ACCOUNT 70614 - RETURN OF CAPITAL	PURCHASE	VARIOUS	VARIOUS	106			0	106	LONG
TOTALS				6,967,107	NONE		6,954,248	12,859	

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

ATTACHMENT 1

DIRECT  
PUBLIC  
SUPPORT

NAME AND ADDRESS

DATE

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

103,627.

TOTAL CONTRIBUTION AMOUNTS

103,627.

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
DIVIDENDS FROM SECURITIES	154,696.	154,696.
INTEREST FROM SECURITIES	86,796.	86,796.
TOTAL	241,492.	241,492.

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
MISCELLANEOUS INCOME	5,138.	5,138.
TOTALS	5,138.	5,138.



ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
LEGAL FEES	40.			40.
TOTALS	<u>40.</u>	<u>0.</u>	<u>0.</u>	<u>40.</u>

ATTACHMENT 5

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX RETURN PREPARATION FEES	7,000.			7,000.
TOTALS	<u>7,000.</u>	<u>0.</u>	<u>0.</u>	<u>7,000.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT MANAGEMENT FEES	60,403.	60,403.
TOTALS	60,403.	60,403.

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

EXCISE TAXES

3,654.

TOTALS

3,654.

ATTACHMENT 8

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OUTREACH/SCHOOL VISITS	7,042.		7,042.
BBEDC ADMINISTRATION CHARGE	42,061.	6,316.	35,745.
ACADEMIC SUPPORT	4,503.		4,503.
ADVERTISING	1,935.		1,935.
SUPPLIES	478.		478.
INSURANCE	2,787.		2,787.
TOTALS	58,806.	6,316.	52,490.

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PREPAID EXPENSES	1,003.	2,349.	2,349.
TOTALS	<u>1,003.</u>	<u>2,349.</u>	<u>2,349.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ATTACHMENT 10</u>	
		<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOVERNMENT SECURITIES	1,091,909.	1,066,404.	1,066,404.
US OBLIGATIONS TOTAL	<u>1,091,909.</u>	<u>1,066,404.</u>	<u>1,066,404.</u>

ATTACHMENT 11

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
EQUITY SECURITIES/MUTUAL FUNDS	5,723,230.	6,340,247.	6,340,247.
TOTALS	<u>5,723,230.</u>	<u>6,340,247.</u>	<u>6,340,247.</u>



ATTACHMENT 12

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
VARIOUS CORPORATE BONDS	954,579.	940,197.	940,197.
TOTALS	<u>954,579.</u>	<u>940,197.</u>	<u>940,197.</u>

ATTACHMENT 13

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FOREIGN BONDS	77,694.	95,370.	95,370.
TOTALS	<u>77,694.</u>	<u>95,370.</u>	<u>95,370.</u>

ATTACHMENT 14

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCRUED INTEREST	22,263.	19,406.	19,406.
TOTALS	<u>22,263.</u>	<u>19,406.</u>	<u>19,406.</u>

ATTACHMENT 15FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PAYABLE TO AFFILIATE (BBEDC)	250,263.	297,683.
TOTALS	<u>250,263.</u>	<u>297,683.</u>

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

UNREALIZED GAIN ON MARKETABLE SECURITIES

801,398.

TOTAL

801,398.

# HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

ATTACHMENT 17

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY ANN K. JOHNSON P.O. BOX 1464 DILLINGHAM, AK 99576-1464	PRESIDENT .10	900.	0.	1,038.
SYLVIA KASMIROWICZ P.O. BOX 1464 DILLINGHAM, AK 99576-1464	TREASURER .10	300.	0.	0.
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	850.	0.	1,038.
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	VICE PRESIDENT .10	900.	0.	487.
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	SECRETARY .10	1,200.	0.	816.
GRAND TOTALS		4,150.	0.	3,379.

TR4973 1832

790642

ATTACHMENT 17

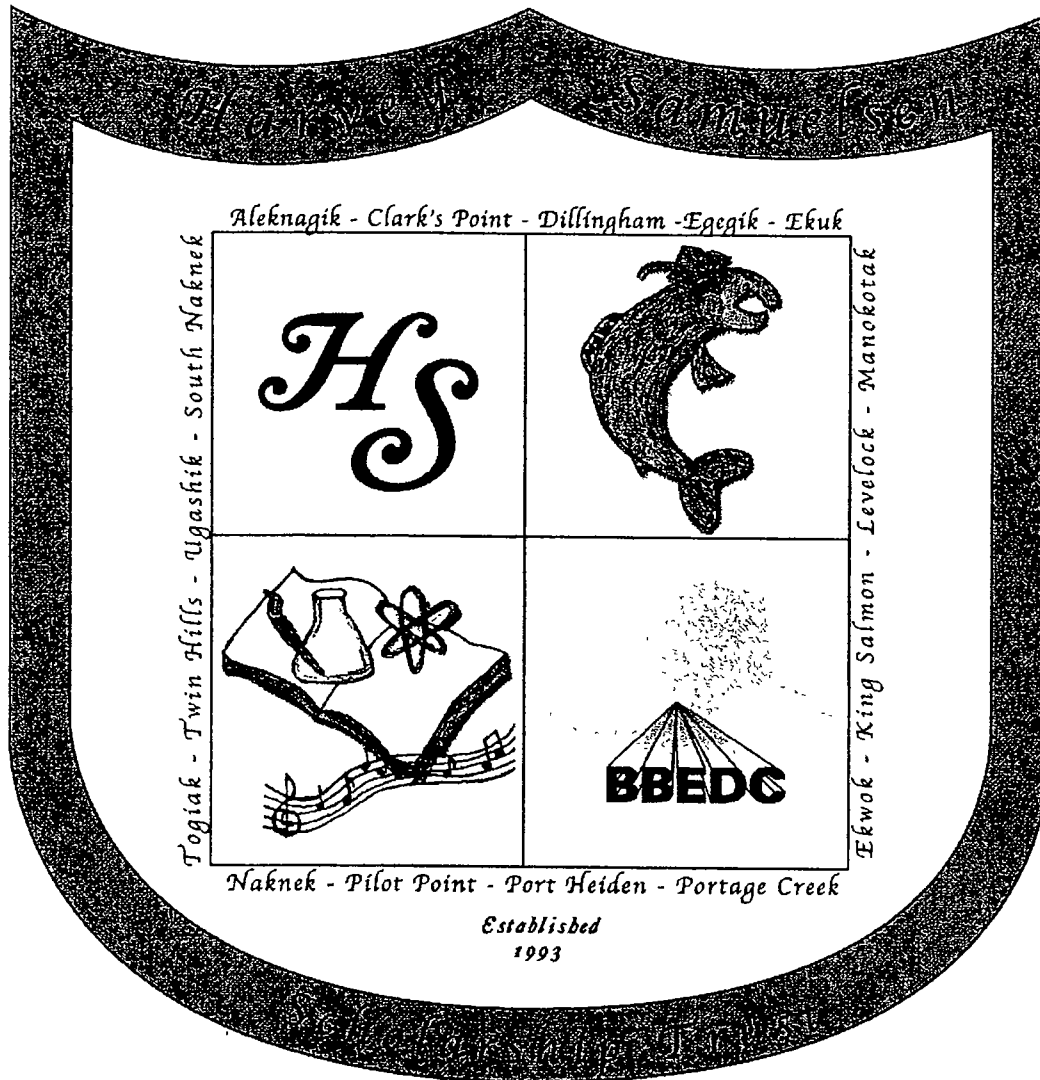
FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

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

Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Anderson	Victoria	P O Box 191	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Andrew	Nathan	P O Box 1082	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Andrew	Michael	P O Box 1475	Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$ 4,000 00
Bennis	Jennifer	136 Lake Road	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Booshu	Allison	P O Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,000 00
Carlos	Kelvin	P O Box 195	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000 00
Carlos	Whitney	P O Box 195	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000 00
Carpenter	Catherine	P O Box 701	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Catalone	Kyle	700 N Flower	Anchorage, AK 99508	None	None	Educational Scholarship	\$ 4,000 00
Cole	Christy	P O Box 746	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Conahan	Benjamin	P O Box 553	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Copps-Wilson	Katie	P O Box 8	Levelock, AK 99625	None	None	Educational Scholarship	\$ 4,000 00
Donkersloot	Rachel	P O Box 244	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,000 00
Eveslage	Kali	P O Box 314	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Fritze	Brian	P O Box 1528	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,284 00
Gosuk	Ellen	P O Box 177	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000 00
Haley	Virginia	P O Box 21	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000 00
Hazenber	Katrina	P O Box 31	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,000 00
Heyano	Mindy	P O Box 1409	Dillingham, AK 99576	Daughter of BBEDC Board Member	None	Educational Scholarship	\$ 4,000 00
Himschoot	Alexander	P O Box 1061	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Hodgson	Lisa	P O Box 2	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 4,000 00
Ilutsk	Kelly	General Delivery	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 1,284 00
Isaacs	Melissa	P O Box 563	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Isaacson	Colynn	P O Box 157	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000 00
Jedlicka	Michael	P O Box 436	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,000 00
Johnson	Lahna	P O Box 557	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Johnson	Ronna	P O Box 1174	Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,000 00
Junge	Laura	P O Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Junge	Linda	P O Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Kazimirowicz	Matilda	P O Box 9	Ekwok, AK 99580	Sister of HSST Board Member	None	Educational Scholarship	\$ 4,000 00
King	Mason	P O Box 226	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,000 00
Knutson	Anel	P O Box 187	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Larson	Phillip	P O Box 1201	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Larson-Blair	Samantha	P O Box 1147	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Lindow	Patricia	P O Box 585	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Lockuk	Katrina	P O Box 423	Dillingham, AK 99576	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 5,284 00
Malstrom	Chelsea	P O Box 1475	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Malstrom	Cameron	129 Airport Rd	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
McGill	Amanda	P O Box 481	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Megli	Everet	3239 Woodrider Rd	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Miller	Cody	P O Box 1076	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Miller	Andrew	P O Box 1076	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Monsen	Haley	P O Box 213	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,000 00
Moore	Michelle	P O Box 953	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000 00
Morrison	Samuel	P O Box 161	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,000 00
Nanatook	Shannon	P O Box 184	Togiak, AK 99678	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,000 00



Nashookpuk Nelson	Derek Sidney	P O Box 38	Naknek, AK 99633		None	Educational Scholarship	\$ 4,000.00
Nicoli	Carol	P O Box 1485	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Niedermeyer	Brittany	P O Box 67	Ekwok, AK 99580	Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,000.00
Niedermeyer	James	P O Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,000.00
Nielson	Debra	P O Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,000.00
Nielson	Natasha	P O Box 103	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Noden	Pella	P O Box 896	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Parker	Kinka	P O Box 72	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000.00
Pauling	Brianna	P O Box 1176	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Phillips	Evlyn	P O Box 653	Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,000.00
Poulsen	Stephanie	P O Box 67	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000.00
Reiswig	Bethany	P O Box 207	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 4,000.00
Richard	Wesley	P O Box 485	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Rogers	Terry	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Ruby	Andrea	P O Box 81	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Savo	Kimberly	P O Box 109	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,000.00
Shade	Tyler	P O Box 393	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Shellabarger	Maxwell	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Sutton	Theodora	P O Box 52	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000.00
Tibbets	Allen	P O Box 253	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,000.00
Todd	Rachel	P O Box 126	Naknek, AK 99633	None	None	Educational Scholarship	\$ 1,712.00
Tweet	Nicholas	P O Box 1104	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Upton	Aeshia	P O Box 48	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,000.00
Vahle	Logan	603 Ravensview	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
VanDeventer	Michael	P O Box 1271	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Venua	Angeli	P O Box 287	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Wassily	Chelsea	P O Box 31	Clarks Point, AK 99569	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,000.00
Watts	Candace	P O Box 1026	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Webb	Amber	P O Box 665	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
White	Nia	P O Box 326	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,000.00
Wiard	Michelle	133 B Street East	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,284.00
Wilson	Danica	P O Box 237	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 389.41
Zimin	Justin	P O Box 387	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,000.00
Less Returns from Prior Year Awards							\$ 313,237.41
							\$ (18,303.30)
							\$ 294,934.11



## 2010-2011 Scholarship Application

## Harvey Samuelsen Scholarship

### Eligibility Requirements

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

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

**Application Deadline is June 30, 2010**

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

**Harvey Samuelson Scholarship****Application Checklist**

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

- ☐ ✓ Completed Application
- ☐ ✓ BBEDC Residency Form **with required attachments** (photo ID + one additional doc.)
- ☐ ✓ Official High School or **Official College Transcript** (must show spring 2010 grades.)
- ☐ ✓ Letter of Interest
- ☐ ✓ Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
- ☐ ✓ Release of Information Form
- ☐ ✓ Copy of Cost of Attendance sheet from University

**BBEDC Residency Form must be completed every 12 months**

**Official Transcripts are required**

**Applications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed applications must be post-marked by June 30, 2010.**

**Application Suggestions:**

- ✱ Submit application as soon at least 3 weeks prior to the June 30, 2010 deadline.
- ✱ Remember only **complete** applications will be considered (It is **your** responsibility to make sure your application is complete.)
- ✱ Type your letter of interest and, when possible, the application as well.
- ✱ Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct )
- ✱ Submit your application and all required documents in the provided pre-addressed envelope.

Mail your applications to:

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

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



## HARVEY SAMUELSEN SCHOLARSHIP APPLICATION

30-0065137

PART XV – SUPPLEMENTARY INFORMATION  
HSST SCHOLARSHIP APPLICATION**Harvey Samuelson Scholarship Trust**

P.O. Box 1464, Dillingham, AK 99576

(907) 842-4370 \* 1-800-478-4370

Fax: (907) 842-4336 \* 1-888-325-4336

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dorm room or apartment address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dorm room/apartment phone # or cell phone#: \_\_\_\_\_

Community and State of Residency: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

<input type="checkbox"/>	Hattie Albecker	<input type="checkbox"/>	Margie Aloysius	<input type="checkbox"/>	Fred T. Angasan Sr.	<input type="checkbox"/>	Mark Angasan
<input type="checkbox"/>	Sergie Chukwak	<input type="checkbox"/>	Lucy Goode	<input type="checkbox"/>	Robert Heyano	<input type="checkbox"/>	MaryAnn Johnson
<input type="checkbox"/>	Sylvia Kazimirowicz	<input type="checkbox"/>	Gerda Kosbruk	<input type="checkbox"/>	Moses Kritz	<input type="checkbox"/>	H. Robin Samuelson Jr.
<input type="checkbox"/>	Victor Seybert	<input type="checkbox"/>	Fritz Sharp	<input type="checkbox"/>	Moses Toyukak Sr.	<input type="checkbox"/>	Harry Wassily Sr.
<input type="checkbox"/>	Naknek Vacant	<input type="checkbox"/>	None				

For each Board Member you checked above, please explain the relationship.

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## PART XV – SUPPLEMENTARY INFORMATION

## HSST SCHOLARSHIP APPLICATION

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

<input type="checkbox"/>	H. Robin Samuelsen Jr.	<input type="checkbox"/>	Helen Smeaton	<input type="checkbox"/>	Chris Napoli	<input type="checkbox"/>	Staci Fieser
<input type="checkbox"/>	Paul Peyton	<input type="checkbox"/>	None				

For each Officer you checked above, please explain the relationship.

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**Application Deadline is June 30, 2010**

HARVEY SAMUELSEN SCHOLARSHIP APPLICATION  
PART XV – SUPPLEMENTARY INFORMATION  
HSST SCHOLARSHIP APPLICATION

30-0065137

**SCHOOL INFORMATION**

High School attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

GED ☐ Date: \_\_\_\_\_

School currently attending: \_\_\_\_\_

School planning to attend: \_\_\_\_\_

Address of Financial Aid office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Office Phone: \_\_\_\_\_

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

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

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree: Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐

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

School on: Quarters ☐ Semesters ☐ Trimesters ☐

Cumulative GPA: \_\_\_\_\_

**Application Deadline is June 30, 2010**

PART XV – SUPPLEMENTARY INFORMATION  
HSST SCHOLARSHIP APPLICATION  
**FINANCIAL INFORMATION**

**FINANCIAL AID**

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

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

(Attach additional page if needed)

(Table 1)

**SCHOOL YEAR EXPENSES**

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

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

(Table 2)

**FINANCIAL NEED**

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



**LETTER OF INTEREST**

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

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

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

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

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline is June 30, 2010**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION**

**P. O. Box 1464**

**Dillingham, Alaska 99576**

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

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

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Deadline is June 30, 2010**

PART XV - SUPPLEMENTARY INFORMATION

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Date: \_\_\_\_\_

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities (*Aleknagik, Clarks Point, Dillingham, Egegik, Ekuk, Ekwok, King Salmon, Levelock, Manokotak, Naknek, Pilot Point, Port Heiden, Portage Creek, South Naknek, Togiak, Twin Hills, Ugashik*)

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

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

- A copy of your Alaska state issued photo ID (drivers license or ID Card) **and** at least one of the following documents:
  - A copy of your Permanent Fund Dividend Check stub that shows your current address.
  - Copies of current utility bill receipts in your name from your residence.
  - A copy of your most recent pay check stub that shows your address.
  - A copy of your recent AFDC or food stamp benefit receipts that shows your address.
  - Voters registration card

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

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

☐ has been ☐ has not been

residing in this CDQ community for the past twelve months.

Signed by \_\_\_\_\_ Date: \_\_\_\_\_  
Organization \_\_\_\_\_

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

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

Part I only ☐

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ STACI FIESER

Telephone No ▶ 907 842-4370

FAX No ▶ 907 842-4336

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 10 or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	3,660
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	6,111
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

- 4 I request an additional 3-month extension of time until
- 5 For calendar year , or other tax year beginning  , 20  , and ending  , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	3,660.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	6,111.
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	0.

**Signature and Verification**

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

Signature  Title  Date

INTERNAL SERVICE  
W&A  
ANCHORAGE, ALASKA

AUG 12 2011

RECEIVED  
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