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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

2011

For calendar year 2011 or tax year beginning

, 2011, and ending

, 20

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) P.O. BOX 1464		B Telephone number (see instructions) (907) 842-4370
City or town, state, and ZIP code DILLINGHAM, AK 99576-1464		C If exemption application is pending check here <input type="checkbox"/>
G Check all that apply:	Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/>	D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,696,661.	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>

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 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)		407,127.	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		322,976.	322,976.		ATCH 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		611,920.			
b Gross sales price for all assets on line 6a 7,028,679.					
7 Capital gain net income (from Part IV, line 2)			611,920.		
8 Net short-term capital gain					
9 Income modifications				16,599.	
10 a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)		989.	408.	581.	ATCH 3
11 Other income (attach schedule)		1,343,012.	935,304.	17,180.	
12 Total. Add lines 1 through 11					
13 Compensation of officers, directors, trustees, etc.		9,350.	4,675.		4,675.
14 Other employee salaries and wages		22,475.			22,244.
15 Pension plans, employee benefits		6,558.			6,510.
16a Legal fees (attach schedule) ATCH 4		145.			145.
b Accounting fees (attach schedule) ATCH 5		7,000.			7,000.
c Other professional fees (attach schedule) *		52,616.	52,616.		
17 Interest					
18 Taxes (attach schedule) (see instructions) **		8,693.			
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		7,039.	3,519.		3,497.
22 Printing and publications					
23 Other expenses (attach schedule) ATCH 8		70,276.	5,910.		64,366.
24 Total operating and administrative expenses. Add lines 13 through 23		184,152.	66,720.		108,437.
25 Contributions, gifts, grants paid		367,041.			388,400.
26 Total expenses and disbursements. Add lines 24 and 25		551,193.	66,720.	0	496,837.
27 Subtract line 26 from line 12		791,819.			
a Excess of revenue over expenses and disbursements			868,584.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				17,180.	

For Paperwork Reduction Act Notice, see instructions.

*ATCH 6 JSA ** ATCH 7

Form 990-PF (2011)

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Part II Balance Sheets

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	390,937.	332,469.	332,469.
	3 Accounts receivable ▶ 8,760.			
	Less allowance for doubtful accounts ▶	4,297.	8,760.	8,760.
	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 instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges ATCH 9	2,349.	15,346.	15,346.
	10 a Investments - U.S. and state government obligations (attach schedule). **	1,066,404.	1,007,564.	1,007,564.
	b Investments - corporate stock (attach schedule) ATCH 11	6,340,247.	6,148,585.	6,148,585.
	c Investments - corporate bonds (attach schedule) ATCH 12	940,197.	1,019,338.	1,019,338.
	11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation (attach schedule) ▶				
12 Investments - mortgage loans				
13 Investments - other (attach schedule) ATCH 13	95,370.	146,025.	146,025.	
14 Land, buildings, and equipment basis				
Less accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶ ATCH 14)	19,406.	18,574.	18,574.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	8,859,207.	8,696,661.	8,696,661.	
Liabilities	17 Accounts payable and accrued expenses	13,162.	9,161.	
	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 ▶ ATCH 15)	297,683.	114,065.	
23 Total liabilities (add lines 17 through 22)	310,845.	123,226.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	8,548,362.	8,573,435.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	8,548,362.	8,573,435.	
31 Total liabilities and net assets/fund balances (see instructions)	8,859,207.	8,696,661.		

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	8,548,362.
2 Enter amount from Part I, line 27a	2	791,819.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	9,340,181.
5 Decreases not included in line 2 (itemize) ▶ ATTACHMENT 16	5	766,746.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,573,435.

**ATCH 10

Form 990-PF (2011)

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) 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	611,920.	
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 instructions) If (loss), enter -0- in Part I, line 8			3	0	

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 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))
2010	402,321.	8,005,705.	0.050254
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
2 Total of line 1, column (d)			2 0.257916
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 0.051583
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 8,758,218.
5 Multiply line 4 by line 3			5 451,775.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 8,686.
7 Add lines 5 and 6			7 460,461.
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.			8 496,837.

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 <input type="checkbox"/> and enter "N/A" on line 1		1	8,686.
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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	8,686.
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	8,686.
6 Credits/Payments			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a 21,843.		
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 0.		
7 Total credits and payments. Add lines 6a through 6d		7	21,843.
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	13,157.
11 Enter the amount of line 10 to be Credited to 2012 estimated tax <input checked="" type="checkbox"/> 13,157. Refunded <input type="checkbox"/>		11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers <input checked="" type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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 SEE ATTACHMENT 21	X	

Form 990-PF (2011)

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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address WWW.BBEDC.COM				
14	The books are in care of STACI FIESER, FINANCE OFFICER Telephone no 907-842-4370			
	Located at 411 FIRST AVE EAST DILLINGHAM, AK ZIP + 4 99576-1464			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2011, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country 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
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/>	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
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 2011? <input type="checkbox"/>	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years 2a		
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) <input type="checkbox"/>	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 2c		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2011 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 2011) <input type="checkbox"/>	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	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 2011? <input type="checkbox"/>	4b	X

Form 990-PF (2011)

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 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 ☒ Nob 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)? ☐ Yes ☒ NoOrganizations 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 ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ 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 ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ 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 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		9,350.	0	5,297.

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

Form 990-PF (2011)

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 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 2011, 86 INDIVIDUALS RECEIVED SCHOLARSHIPS.	479,842.
2 ACADEMIC SUPPORT PROGRAM PROVIDING SUPPORT FOR FIRST AND SECOND YEAR STUDENTS AT UAF, UAA, AND FORT LEWIS COLLEGE.	16,995.
3	
4	

Part IX-B Summary of Program-Related Investments (see 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 instructions	
3 NONE	
Total. Add lines 1 through 3	NONE

Form 990-PF (2011)

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	8,488,609.
b	Average of monthly cash balances	1b	402,983.
c	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	8,891,592.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,891,592.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	133,374.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,758,218.
6	Minimum investment return. Enter 5% of line 5	6	437,911.

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	437,911.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	8,686.
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	8,686.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	429,225.
4	Recoveries of amounts treated as qualifying distributions	4	16,599.
5	Add lines 3 and 4	5	445,824.
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	445,824.

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	496,837.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	496,837.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	8,686.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	488,151.

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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				445,824.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20 09, 20 08, 20 07				
3 Excess distributions carryover, if any, to 2011:				
a From 2006 144,811.				
b From 2007				
c From 2008 298.				
d From 2009				
e From 2010				
f Total of lines 3a through e	145,109.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 496,837.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				445,824.
e Remaining amount distributed out of corpus	51,013.			
5 Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	196,122.			
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 instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	144,811.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	51,311.			
10 Analysis of line 9:				
a Excess from 2007 0.				
b Excess from 2008 298.				
c Excess from 2009 0.				
d Excess from 2010 0.				
e Excess from 2011 51,013.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, 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(1)(5)

		Prior 3 years				(e) Total
		(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a	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)(ii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

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

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		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a Paid during the year SEE ATTACHMENT 19				SEE ATTACHMENT 19	388,400.
Total				3a	388,400.
b Approved for future payment					
Total				3b	

Form 990-PF (2011)

Enter gross amounts unless otherwise indicated

Schedule of Contributors

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

OMB No 1545-0047

2011

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, total 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 total 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 Part I, 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) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRISTOL BAY ECON. DEV. CORP. P.O. BOX 1464 DILLINGHAM, AK 99576	\$ 107,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	ARCTIC FJORD, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	\$ 212,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	ARCTIC STORM, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	\$ 87,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

JSA

Name of organization HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2011

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)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	104,925.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	104,925.

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)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	506,995.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	506,995.

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

Schedule D (Form 1041) 2011

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13 Net short-term gain or (loss)	13			104,925.
14 Net long-term gain or (loss):				
a Total for year	14a			506,995.
b Unrecaptured section 1250 gain (see line 18 of the wrksh)	14b			
c 28% rate gain	14c			
15 Total net gain or (loss). Combine lines 13 and 14a	15			611,920.

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** in 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 Schedule D Tax Worksheet in 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 Schedule D Tax Worksheet in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.	

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20 Add lines 18 and 19	20		
21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	21		
22 Subtract line 21 from line 20. If zero or less, enter -0-	22		
23 Subtract line 22 from line 17. If zero or less, enter -0-	23		
24 Enter the smaller of the amount on line 17 or \$2,300	24		
25 Is the amount on line 23 equal to or more than the amount on line 24?			
<input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.			
<input type="checkbox"/> No. Enter the amount from line 23.	25		
26 Subtract line 25 from line 24.	26		
27 Are the amounts on lines 22 and 26 the same?			
<input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29 Subtract line 28 from line 27	29		
30 Multiply line 29 by 15% (15)	30		
31 Figure the tax on the amount on line 23. Use the 2011 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 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	33		
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2011

Employer identification number

[illegible]

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b 506,995.

Schedule D-1 (Form 1041) 2011

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

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
200,390.		UBS07010 PROPERTY TYPE: SECURITIES 175,297.				P	VARIOUS 25,093.	VARIOUS
1,065,564.		UBS07010 PROPERTY TYPE: SECURITIES 877,971.				P	VARIOUS 187,593.	VARIOUS
2,110,210.		UBS07011 PROPERTY TYPE: SECURITIES 2,070,850.				P	VARIOUS 39,360.	VARIOUS
1,029,142.		UBS07011 PROPERTY TYPE: SECURITIES 751,448.				P	VARIOUS 277,694.	VARIOUS
131,011.		UBS70614 PROPERTY TYPE: SECURITIES 118,749.				P	VARIOUS 12,262.	VARIOUS
19,415.		UBS70614 PROPERTY TYPE: SECURITIES 23,255.				P	VARIOUS -3,840.	VARIOUS
99,121.		UBS32270 PROPERTY TYPE: SECURITIES 87,630.				P	VARIOUS 11,491.	VARIOUS
47,124.		UBS32270 37,904.					VARIOUS 9,220.	VARIOUS
1,864,021.		BOFA1255868 PROPERTY TYPE: SECURITIES 1,847,318.				P	VARIOUS 16,703.	VARIOUS
462,665.		BOFA1255868 PROPERTY TYPE: SECURITIES 426,337.				P	VARIOUS 36,328.	VARIOUS
16.		UBS32571 PROPERTY TYPE: SECURITIES				P	VARIOUS 16.	VARIOUS
TOTAL GAIN(LOSS)							<u>611,920.</u>	

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	200,390			175,297	25,093	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,065,564			877,971	187,593	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	2,110,210			2,070,850	39,360	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,029,142			751,448	277,694	LONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	131,011			118,749	12,262	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	19,415			23,255	(3,840)	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	99,121			87,630	11,491	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	47,124			37,904	9,220	LONG
UBS ACCOUNT 32571 - CASH IN LIEU	PURCHASE	VARIOUS	VARIOUS	16			0	16	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,864,021			1,847,318	16,703	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	462,665			426,337	36,328	LONG
TOTALS				7,028,679	NONE		6,416,759	611,920	

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

ATTACHMENT 1

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>DIRECT PUBLIC SUPPORT</u>
BRISTOL BAY ECON. DEV. CORP. P.O. BOX 1464 DILLINGHAM, AK 99576	VARIOUS	107,127.
ARCTIC FJORD, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	12/23/2011	212,400.
ARCTIC STORM, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	12/23/2011	87,600.
TOTAL CONTRIBUTION AMOUNTS		<u>407,127.</u>

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V 11-5.2

790642

ATTACHMENT 1

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDENDS FROM SECURITIES	242,200.	242,200.
INTEREST FROM SECURITIES	80,776.	80,776.
TOTAL	<u>322,976.</u>	<u>322,976.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME
BOOK SALE REVENUE	581.		581.
MISCELLANEOUS INCOME	408.	408.	
TOTALS	989.	408.	581.

ATTACHMENT 4

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	145.			145.
TOTALS	<u>145.</u>			<u>145.</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>7,000.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT MANAGEMENT FEES	52,616.	52,616.
TOTALS	52,616.	52,616.

ATTACHMENT 7FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
EXCISE TAXES	8,693.
TOTALS	<u>8,693.</u>

ATTACHMENT 8

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OUTREACH/SCHOOL VISITS	9,599.		9,599.
BBEDC ADMINISTRATION CHARGE	49,920.	5,910.	44,010.
ACADEMIC SUPPORT	7,333.		7,333.
SUPPLIES	666.		666.
INSURANCE	2,758.		2,758.
TOTALS	70,276.	5,910.	64,366.

ATTACHMENT 9

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 FEDERAL TAXES	2,349.	13,156.	13,156.
PREPAID SCHOLARSHIP	NONE	2,190.	2,190.
TOTALS	<u>2,349.</u>	<u>15,346.</u>	<u>15,346.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

ATTACHMENT 10

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>	<u>ENDING</u>
	<u>BOOK VALUE</u>	<u>BOOK VALUE</u>	<u>FMV</u>
GOVERNMENT SECURITIES	1,066,404.	1,007,564.	1,007,564.
US OBLIGATIONS TOTAL	<u>1,066,404.</u>	<u>1,007,564.</u>	<u>1,007,564.</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	6,340,247.	6,148,585.	6,148,585.
TOTALS	<u>6,340,247.</u>	<u>6,148,585.</u>	<u>6,148,585.</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	940,197.	1,019,338.	1,019,338.
TOTALS	<u>940,197.</u>	<u>1,019,338.</u>	<u>1,019,338.</u>

ATTACHMENT 13FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FOREIGN BONDS	95,370.	110,162.	110,162.
OTHER FIXED INCOME	NONE	35,863.	35,863.
TOTALS	<u>95,370.</u>	<u>146,025.</u>	<u>146,025.</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	19,406.	18,574.	18,574.
TOTALS	<u>19,406.</u>	<u>18,574.</u>	<u>18,574.</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)	297,683.	114,065.
TOTALS	<u>297,683.</u>	<u>114,065.</u>

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

UNREALIZED LOSS ON MARKETABLE SECURITIES

766,746.

TOTAL

766,746.

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	1,950.	0	1,247.
GERDA KOSBRUK P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	2,000.	0	468.
LUCY GOODE P.O. BOX 1464 DILLINGHAM, AK 99576-1464	TREASURER .10	1,200.	0	974.
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	VICE PRESIDENT .10	2,200.	0	1,173.
HARRY WASSILY SR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	SECRETARY .10	2,000.	0	1,435.
GRAND TOTALS		9,350.	0	5,297.

TR4973 1832

V 11-5.2

790642

ATTACHMENT 17

ATTACHMENT 18

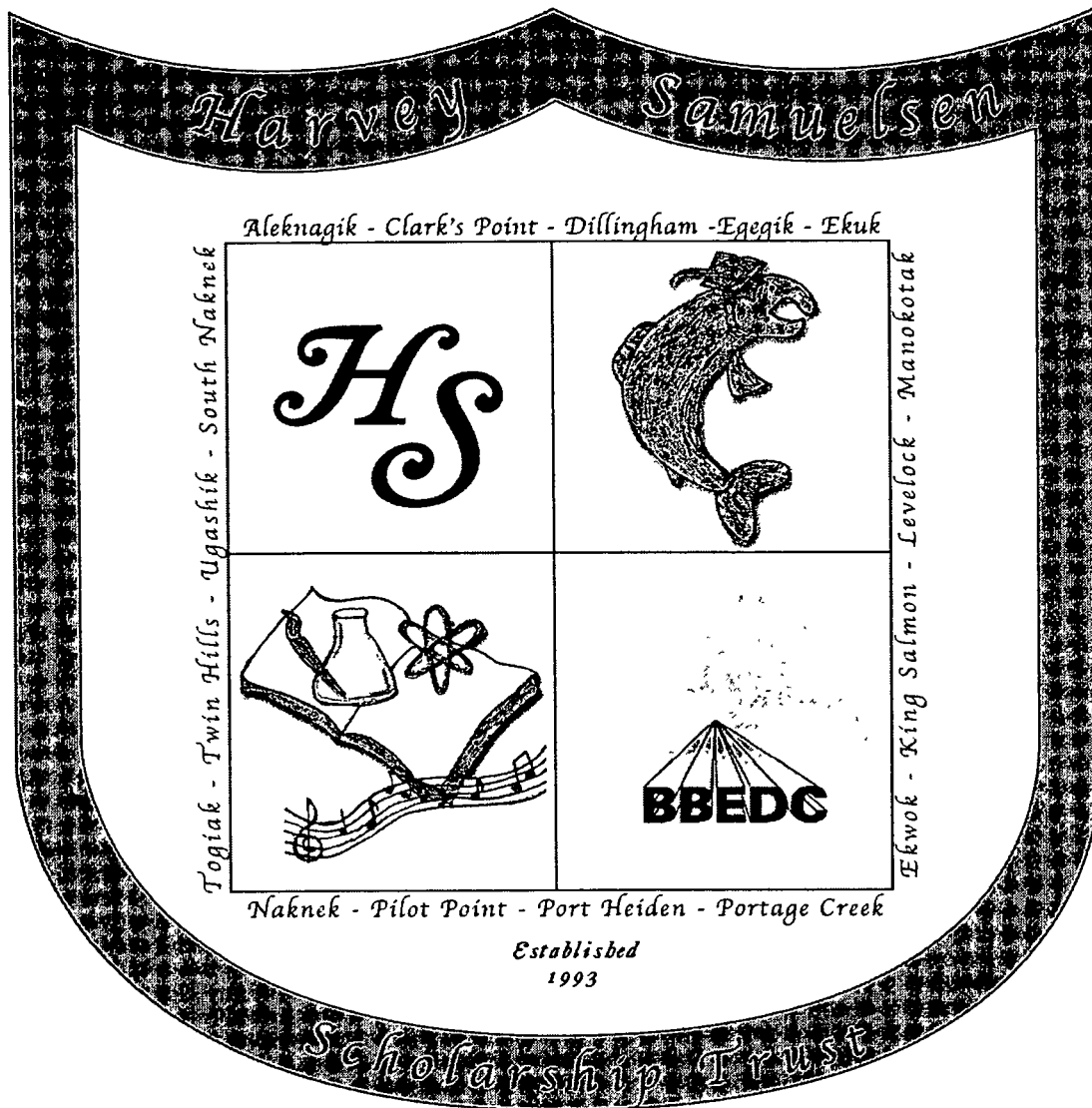
FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

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
Active	Alicia	P O Box 450	Togiak, AK 99578	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 6,380 00
Axelkuk	Luki	P O Box 1245	Dillingham, AK 99576	Nephew of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Anderson	Virginia	1001 Christensen Drive	Port Heiden, AK 99549	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Andrew	Michael	P O Box 1478	Dillingham, AK 99576	Step-Son of BBEDC Officer	None	Educational Scholarship	\$ 4,380 00
Apalayak	Violet	P O Box 21	Manokotak, AK 99628	None	None	Educational Scholarship	\$ 4,380 00
Aspelund	Zackary	P O Box 221	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Barrus	Natalie	P O Box 401	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Bird	Cheryl	P O Box 1502	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Bobbitt	Virginia	P O Box 995	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Burton	Libby	P O Box 304	Dillingham, AK 99576	Niece of BBEDC Board Members	None	Educational Scholarship	\$ 6,380 00
Chartier	Ana	P O Box 1097	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Cole	Christy	P O Box 746	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Copps-Wilson	Katie	P O Box 8	Levelock, AK 99625	None	None	Educational Scholarship	\$ 2,190 00
Corbett	William	P O Box 1216	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380 00
Denslinger	Marc	P O Box 1086	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380 00
Dyasuk	Genevieve	P O Box 1228	Aktagik, AK 99555	None	None	Educational Scholarship	\$ 2,000 00
Evans	Sarah	P O Box 841	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Gardner	Melinda	P O Box 1338	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Gonzalez	Kristy	P O Box 328	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,380 00
Gosuk	Clara	P O Box 106	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,380 00
Gottshall	Stacia	General Delivery	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Gravelle	Shawna	5411 Sunset Dr	Egegik, AK 99579	None	None	Educational Scholarship	\$ 4,190 00
Hanson	Karen	P O Box 31	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 2,000 00
Hazenberg	Katrina	P O Box 31	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380 00
Heyano	Mindy	P O Box 1409	Dillingham, AK 99576	Daughter of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Hilt	Clansa	P O Box 36	Aktagik, AK 99555	None	None	Educational Scholarship	\$ 4,380 00
Himshoot	Alex	P O Box 1061	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,000 00
Hunt	Joseph	P O Box 595	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Hurlburt	Ward	P O Box 1196	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Hurlburt	Megan	P O Box 1196	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Isaacs	Melissa	P O Box 563	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Jedlicka	Michael	P O Box 436	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,380 00
Johanson	Daniel	P O Box 503	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Johnson	CaSandra	P O Box 91	Dillingham, AK 99576	Great Niece of BBEDC Board Members	None	Educational Scholarship	\$ 6,380 00
Johnson	Cassandra	P O Box 415	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380 00
Junge	Laura	P O Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Junge	Linda	P O Box 981	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Kazimirowicz	Matilda	P O Box 9	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 4,380 00
King	Tasha	P O Box 35	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 4,380 00
King	Mason	P O Box 226	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380 00
LeFevre	Vital	P O Box 69	Egegik, AK 99579	None	None	Educational Scholarship	\$ 4,380 00
Lind	Maren	P O Box 845	Dillingham, AK 99576	Distant Cousin of HSST Board Member	None	Educational Scholarship	\$ 4,380 00
Lindow	Patricia	P O Box 585	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Lisc	Deven	P O Box 818	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380 00
Lockuk	Katrina	P O Box 1076	Dillingham, AK 99576	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Lockuk	Damen	P O Box 82	Togiak, AK 99678	Nephew of BBEDC Board Member	None	Educational Scholarship	\$ 4,380 00
Lopez	Victoria	P O Box 351	Naknek, AK 99633	Niece of BBEDC Officer	None	Educational Scholarship	\$ 6,380 00

Harvey Samuelsen Scholarship Trust

Last Name	First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Total Award
Lowrey	Loni	P O Box 262	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,380.00
Malstrom	Chelsea	P O Box 1001	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Malstrom	Cameron	129 Airport Road	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
McCalib-Koeng	Holly	P O Box 109	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
McGill	Amanda	P O Box 481	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Megli	Everet	P O Box 1475	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,000.00
Meraz	Colette	P O Box 1477	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Miller	Stephanie	P O Box 319	Naknek, AK 99633	Distant Cousin of BBEDC Board Members	None	Educational Scholarship	\$ 4,380.00
Miller	Jessica	P O Box 173	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
Moore	Michelle	P O Box 953	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Morrison	Samuel	P O Box 161	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,380.00
Munk	Ashley	P O Box 232	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
Nanabook	Garron	P O Box 112	Togiak, AK 99678	None	None	Educational Scholarship	\$ 4,380.00
Nick	Timothy	P O Box 796	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Niedermeyer	James	P O Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,380.00
Niedermeyer	Brittany	P O Box 303	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 4,380.00
Nielsen	Debra	P O Box 103	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 8,380.00
Olson	Blake	P O Box 775	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Pauling	Branna	P O Box 1176	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Phillips	Evelyn	P O Box 653	Dillingham, AK 99576	Great Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
Richard	Wesley	P O Box 485	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Rogers	Mathew	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Rogers	Jesse	P O Box 393	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Shade	Tyler	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,000.00
Shellabarger	Maxwell	P O Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380.00
Tennison	Bethany	P O Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Tennison	Chad	P O Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Tennison	Reed	P O Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Tibbets	Allen	P O Box 253	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 6,380.00
Tilden	Rachel	P O Box 786	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Togiak	Danielle	P O Box 192	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 6,380.00
Walsh	Erin	P O Box 877	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
Wassily	Chelsea	P O Box 295	Dillingham, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
Webb	Amber	P O Box 665	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 4,380.00
White	Nia	P O Box 326	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 6,380.00
Wilson	Shawna	P O Box 234	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
Wilson	Luke	P O Box 202	Naknek, AK 99633	None	None	Educational Scholarship	\$ 4,380.00
Zimin	Justin	P O Box 387	Naknek, AK 99633	Distant Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 4,380.00
Zimin	Kameron	P O Box 70142	South Naknek, AK 99670	None	None	Educational Scholarship	\$ 6,380.00
Less Returns from Prior Years Awards							\$ 388,400.00
							\$ (16,599.00)
							\$ 371,801.00



2011-2012 Scholarship Application

2011-2012 HSST 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, 2011

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

Harvey Samuelsen Scholarship

Application Checklist

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

- ☐ ✓ Completed Application
- ☐ ✓ BBEDC Residency Form **with required attachments** (photo ID + one additional doc.)
- ☐ ✓ Official High School or **Official College Transcript** (must show spring 2011 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
- ☐ ✓ Relationship Disclosure Form

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, 2011.

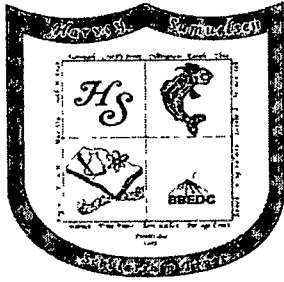
Application Suggestions:

- ✱ Submit application as soon as Spring term 2011 grades have been posted.
- ✱ 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

2011-2012 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: _____

Application Deadline is June 30, 2011

SCHOOL INFORMATION

High School attended: _____ Graduation Date: _____

GED ☐ Date: _____

School currently attending: _____

School planning to attend: _____

Address of Financial Aid office: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Phone: _____

Have you applied for admission? Yes ☐ No ☐ Been accepted? Yes ☐ No ☐University Class Standing: 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year + ☐ Graduate School ☐

College credits earned to date: _____

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, 2011

FINANCIAL INFORMATION

FINANCIAL AID

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

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

(Attach additional page if needed)

(Table 1)

SCHOOL YEAR EXPENSES

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

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

(Table 2)

FINANCIAL NEED

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

LETTER OF INTEREST

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

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

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award. Do not submit the same letter that was submitted with prior year applications.

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, 2011

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, 2011

BBEDC Residency FormName: _____
(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

BBEDC Relationship Disclosure Form

Applicant Name

Community

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 Ugashik	<input type="checkbox"/>	Margie Aloysius Aleknagik	<input type="checkbox"/>	Fred T. Angasan Sr. South Naknek	<input type="checkbox"/>	Mark Angasan King Salmon
<input type="checkbox"/>	Raymond Apokedak Levelock	<input type="checkbox"/>	Lucy Goode Egegik	<input type="checkbox"/>	Robert Heyano Ekuk	<input type="checkbox"/>	MaryAnn Johnson Portage Creek
<input type="checkbox"/>	Sylvia Kazimirowicz Ekwok	<input type="checkbox"/>	Gerda Kosbruk Port Heiden	<input type="checkbox"/>	Moses Kritz Togiak	<input type="checkbox"/>	H. Robin Samuelsen Jr. Dillingham
<input type="checkbox"/>	Victor Seybert Pilot Point	<input type="checkbox"/>	Fritz Sharp Twin Hills	<input type="checkbox"/>	Moses Toyukak Sr. Manokotak	<input type="checkbox"/>	Harry Wassily Sr. Clark's Point
<input type="checkbox"/>	Patrick Patterson Jr. Naknek	<input type="checkbox"/>	None				

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

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.

Applicant Signature

Date

ATTACHMENT 21

FORM 990PF, PART VII-A - NAMES AND ADDRESSES OF SUBSTANTIAL CONTRIBUTORS

ARCTIC FJORD, INC.
400 N. 34TH STREET, STE. 306
SEATTLE, WA 98103

Form **8868**

(Rev. January 2012)

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

OMB No. 1545-1709

▶ File a separate application for each return.

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

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 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 or other filer, see instructions		Employer identification number (EIN) or	
	HARVEY SAMUELSEN SCHOLARSHIP TRUST		<input checked="" type="checkbox"/> X	30-0065137
	Number, street, and room or suite no. If a P.O. box, see instructions		Social security number (SSN)	
	P.O. BOX 1464		<input type="checkbox"/>	
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) ☐ 0 ☐ 4

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	01	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 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ **X** calendar year 20 11 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 \$	17,363.
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 \$	21,843.
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 Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2012)

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

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

Type or print	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	HARVEY SAMUELSEN SCHOLARSHIP TRUST		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		Social security number (SSN)	
	P.O. BOX 1464		<input checked="" type="checkbox"/> 30-0065137	
File by the due date for filing your return. See instructions	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) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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
Telephone No. 907 842-4370 FAX No. 907 842-4336
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 2012
- For calendar year 2011, or other tax year beginning , 20 , and ending , 20
- If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE THE 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 \$	17,363.
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 \$	21,843.
c Balance Due. 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 must be completed for Part II only.

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 *Stacy Fieser* Title CPA Date 8-1-12

Form 8868 (Rev. 1-2012)