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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning

, 2013, and ending

, 20

Name of foundation

HARVEY SAMUELSEN SCHOLARSHIP TRUST

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

P.O. BOX 1464

City or town, state or province, country, and ZIP or foreign postal code

DILLINGHAM, AK 99576-1464

G Check all that apply

☐ Initial return☐ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at  
end of year (from Part II, col (c), line  
16) \$ 11,328,074.J Accounting method ☐ Cash ☒ Accrual☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number

30-0065137

B Telephone number (see instructions)

(907) 842-4370

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 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) . . . . .	421,935.	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 . . . . .	292,690.	292,690.		ATCH 2
5a Gross rents . . . . .				
b Net rental income or (loss) . . . . .				
6a Net gain or (loss) from sale of assets not on line 10 . . . . .	1,074,987.			
b Gross sales price for all assets on line 6a 9,802,707. . . . .				
7 Capital gain net income (from Part IV, line 2) . . . . .		1,074,987.		
8 Net short-term capital gain . . . . .				
9 Income modifications . . . . .			14,170.	
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) ATCH. 3 . . . . .	925.	745.	180.	
12 Total. Add lines 1 through 11 . . . . .	1,790,537.	1,368,422.	14,350.	
13 Compensation of officers, directors, trustees, etc. . . . .	11,416.	5,708.		5,708.
14 Other employee salaries and wages . . . . .	23,416.			23,483.
15 Pension plans, employee benefits . . . . .	6,580.			6,615.
16a Legal fees (attach schedule) ATCH. 4 . . . . .	65.			65.
b Accounting fees (attach schedule) ATCH. 5 . . . . .	8,500.			5,500.
c Other professional fees (attach schedule) . . . . .	61,381.	61,381.		
17 Interest . . . . .				
18 Taxes (attach schedule) (see instructions) ATCH. 7 . . . . .	25,789.			
19 Depreciation (attach schedule) and depletion . . . . .				
20 Occupancy . . . . .				
21 Travel, conferences, and meetings . . . . .	9,177.	4,588.		4,344.
22 Printing and publications . . . . .				
23 Other expenses (attach schedule) ATCH. 8 . . . . .	81,470.	7,329.		74,246.
24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	227,794.	79,006.		119,961.
25 Contributions, gifts, grants paid . . . . .	395,676.			412,003.
26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	623,470.	79,006.	0	531,964.
27 Subtract line 26 from line 12 . . . . .				
a Excess of revenue over expenses and disbursements . . . . .	1,167,067.			
b Net investment income (if negative, enter -0-) . . . . .		1,289,416.		
c Adjusted net income (if negative, enter -0-) . . . . .			14,350.	

Part II Balance Sheets		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 . . . . .	361,898.	385,171.	385,171.	
	3	Accounts receivable ▶ 11,061.				
		Less allowance for doubtful accounts ▶ . . . . .	8,850.	11,061.	11,061.	
	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) . . . . .		300,000.	ATCH 9 300,000.	
	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 10	7,461.	5,031.	5,031.	
	10 a	Investments - U S and state government obligations (attach schedule) **	1,112,862.	594,516.	594,516.	
	b	Investments - corporate stock (attach schedule) ATCH 12	7,092,891.	8,279,832.	8,279,832.	
	c	Investments - corporate bonds (attach schedule) ATCH 13	1,042,871.	1,207,209.	1,207,209.	
	Liabilities	11	Investments - land, buildings, and equipment basis ▶ . . . . .			
		Less accumulated depreciation (attach schedule) ▶ . . . . .				
12		Investments - mortgage loans . . . . .				
13		Investments - other (attach schedule) . . . . . ATCH 14	107,138.	531,184.	531,184.	
14		Land, buildings, and equipment basis ▶ . . . . .				
		Less accumulated depreciation (attach schedule) ▶ . . . . .				
15		Other assets (describe ▶ . . . . . ATCH 15 )	15,330.	14,070.	14,070.	
16		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	9,749,301.	11,328,074.	11,328,074.	
17		Accounts payable and accrued expenses . . . . .	11,303.	11,511.		
18		Grants payable . . . . .				
Net Assets or Fund Balances	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 16 )	92,173.	444,894.		
23	Total liabilities (add lines 17 through 22) . . . . .	103,476.	456,405.			
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.	24	Unrestricted . . . . .	9,645,825.	10,871,669.		
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here and complete lines 27 through 31.	27	Capital stock, trust principal, or current funds . . . . .			
		28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
		29	Retained earnings, accumulated income, endowment, or other funds . . . . .			
		30	Total net assets or fund balances (see instructions) . . . . .	9,645,825.	10,871,669.	
	31	Total liabilities and net assets/fund balances (see instructions) . . . . .	9,749,301.	11,328,074.		

## 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	9,645,825.
2	Enter amount from Part I, line 27a . . . . .	2	1,167,067.
3	Other increases not included in line 2 (itemize) ▶ ATCH 17 . . . . .	3	58,777.
4	Add lines 1, 2, and 3 . . . . .	4	10,871,669.
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	10,871,669.

\*\*ATCH 11

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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.)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
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			
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>			<b>2</b>	1,074,987.	
<b>3</b> 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			<b>3</b>	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))
2012	505,377.	9,246,100.	0.054658
2011	488,151.	8,758,218.	0.055736
2010	402,321.	8,005,705.	0.050254
2009	320,491.	7,014,510.	0.045690
2008	429,157.	8,416,243.	0.050992
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.257330
<b>3</b> 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			<b>3</b> 0.051466
<b>4</b> Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			<b>4</b> 10,217,700.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 525,864.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 12,894.
<b>7</b> Add lines 5 and 6			<b>7</b> 538,758.
<b>8</b> 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			<b>8</b> 531,964.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see 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 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	25,788.
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	25,788.
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	25,788.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013 . . . . .	6a	15,360.	
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	18,000.	
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .		7	33,360.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	7,572.
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> 7,572. Refunded <input type="checkbox"/> <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 Instructions for the definition)? . . . . .		X
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		
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 type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		X
If "Yes," attach a detailed description of the activities		
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? . . . . .		X
If "Yes," attach the statement required by General Instruction T		
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 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 2013 or the taxable year beginning in 2013 (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. . . . .	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 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 <b>WWW.BBEDC.COM</b>				
14	The books are in care of <b>STACI FIESER, CFO</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 . . . . .	15		
16	At any time during calendar year 2013, 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶	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
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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? . . . . .	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) . . . . .	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2013 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 2013) . . . . .	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . .	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 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 instructions)? ☐ **5b** XOrganizations 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** X

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b** N/A**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see 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
ATCH 19		11,416.	0	4,363.

**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** ☐Form **990-PF** (2013)

**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		0

Total number of others receiving over \$50,000 for professional services . . . . . ▶

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant 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 2013, 86 INDIVIDUALS RECEIVED SCHOLARSHIPS.	511,128.
2	ACADEMIC SUPPORT PROGRAM PROVIDING CAMPUS SUPPORT TO STUDENTS AT UAF, UAA, AND FORT LEWIS COLLEGE AND OFFERING TUTORING SERVICES TO SCHOLARSHIP RECIPIENTS.	20,836.
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 . . . . . ▶		

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**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	10,032,591.
b	Average of monthly cash balances	1b	340,709.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	10,373,300.
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	
3	Subtract line 2 from line 1d	3	10,373,300.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	155,600.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,217,700.
6	Minimum investment return. Enter 5% of line 5	6	510,885.

**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	510,885.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	25,788.
b	Income tax for 2013 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	25,788.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	485,097.
4	Recoveries of amounts treated as qualifying distributions	4	14,170.
5	Add lines 3 and 4	5	499,267.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	499,267.

**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	531,964.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	531,964.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	531,964.

**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.

Form 990-PF (2013)

Page **9****Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7 . . . . .				499,267.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only . . . . .				
b Total for prior years 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .				
3 Excess distributions carryover, if any, to 2013				
a From 2008 . . . . . 298.				
b From 2009 . . . . .				
c From 2010 . . . . .				
d From 2011 . . . . . 51,013.				
e From 2012 . . . . . 28,916.				
f Total of lines 3a through e . . . . .	80,227.			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>531,964.</u>				
a Applied to 2012, 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 2013 distributable amount . . . . .				499,267.
e Remaining amount distributed out of corpus . . . . .	32,697.			
5 Excess distributions carryover applied to 2013 . (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 . . . . .	112,924.			
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 2012 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				
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 2008 not applied on line 5 or line 7 (see instructions) . . . . .	298.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	112,626.			
10 Analysis of line 9				
a Excess from 2009 . . . . .				
b Excess from 2010 . . . . .				
c Excess from 2011 . . . . . 51,013.				
d Excess from 2012 . . . . . 28,916.				
e Excess from 2013 . . . . . 32,697.				

Form **990-PF** (2013)

**Part XIV Private Operating Foundations** (see 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 2013, 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) 2013	(b) 2012	(c) 2011	(d) 2010	
b 85% of line 2a . . . . .					
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets . . . . .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
(3) Largest amount of support from an exempt organization . . . . .					
(4) Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see 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 or e-mail address of the person to whom applications should be addressed

ATCH 20

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

HARVEY SAMUELSEN SCHOLARSHIP TRUST APPLICATION FORM AT ATTACHMENT 22

- c Any submission deadlines

SEE ATTACHED APPLICATION AT ATTACHMENT 22

- 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 22

**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 23				SEE ATTACHMENT 23	412,003.
Total . . . . .				3a	412,003.
b Approved for future payment					
Total . . . . .				3b	

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

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions )
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments . . . . .					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities . . . . .			14	292,690.	
5	Net rental income or (loss) from real estate					
a	Debt-financed property . . . . .					
b	Not debt-financed property . . . . .					
6	Net rental income or (loss) from personal property .					
7	Other investment income . . . . .					
8	Gain or (loss) from sales of assets other than inventory			18	1,074,987.	
9	Net income or (loss) from special events . . .					
10	Gross profit or (loss) from sales of inventory . .					
11	Other revenue a					
b	ATCH 21				925.	
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e) . . . . .				1,368,602.	
13	Total. Add line 12, columns (b), (d), and (e) . . . . .					1,368,602.

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

[illegible]

<b>1</b>	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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	<b>1a(1)</b>		X
	(2) Other assets	<b>1a(2)</b>		X
<b>b</b>	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>		X
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>		X
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>		X
	(4) Reimbursement arrangements	<b>1b(4)</b>		X
	(5) Loans or loan guarantees	<b>1b(5)</b>		X
	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	X	
<b>d</b>	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

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) is based on all information of which preparer has any knowledge.

**CFO**  
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Print/Type preparer's name E. Mary Thomas	Preparer's signature <i>E. Mary Thomas</i>	Date 10-9-2014	Check <input type="checkbox"/> if self-employed	PTIN P01288194
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			

Form **990-PF** (2013)

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

OMB No 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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 foundationCheck 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 its Form 990-PF, Part I, line 2, 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	\$ 121,935.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	ARCTIC FJORD, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	\$ 237,900.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	ARCTIC STORM, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	\$ 62,100.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization HARVEY SAMUELSEN SCHOLARSHIP TRUST

Employer identification number

30-0065137

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----

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
	----- ----- -----		----- ----- -----
(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
	----- ----- -----		----- ----- -----
(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
	----- ----- -----		----- ----- -----
(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
	----- ----- -----		----- ----- -----

**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)	
472,724.		UBS07010 PROPERTY TYPE: SECURITIES 413,173.				P	VARIOUS 59,551.	VARIOUS
1,426,641.		UBS07010 PROPERTY TYPE: SECURITIES 1,052,227.				P	VARIOUS 374,414.	VARIOUS
2,081,877.		UBS07011 PROPERTY TYPE: SECURITIES 1,949,356.				P	VARIOUS 132,521.	VARIOUS
1,497,308.		UBS07011 PROPERTY TYPE: SECURITIES 1,000,001.				P	VARIOUS 497,307.	VARIOUS
50,557.		UBS70614 PROPERTY TYPE: SECURITIES 47,986.				P	VARIOUS 2,571.	VARIOUS
119,579.		UBS70614 PROPERTY TYPE: SECURITIES 97,175.				P	VARIOUS 22,404.	VARIOUS
35,305.		UBS32270 PROPERTY TYPE: SECURITIES 35,794.				P	VARIOUS -489.	VARIOUS
102,047.		UBS32270 PROPERTY TYPE: SECURITIES 89,181.				P	VARIOUS 12,866.	VARIOUS
400,000.		UBS35031 PROPERTY TYPE: SECURITIES 432,519.				P	VARIOUS -32,519.	VARIOUS
555,912.		UBS40904 PROPERTY TYPE: SECURITIES 560,212.				P	VARIOUS -4,300.	VARIOUS
99,720.		UBS40904 PROPERTY TYPE: SECURITIES 102,300.				P	VARIOUS -2,580.	VARIOUS
		UBS40904 PROPERTY TYPE: SECURITIES 37.				P	VARIOUS -37.	VARIOUS

**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)	
2,248,500.		BOFA1255868 PROPERTY TYPE: SECURITIES 2,267,200.				P	VARIOUS -18,700.	VARIOUS
698,288.		BOFA1255868 PROPERTY TYPE: SECURITIES 666,245.				P	VARIOUS 32,043.	VARIOUS
14,249.		UBS40904 PROPERTY TYPE: SECURITIES 14,314.				P	VARIOUS -65.	VARIOUS
TOTAL GAIN(LOSS) .....							<u>1,074,987.</u>	

HARVEY SAMUELSEN SCHOLARSHIP TRUST  
FORM 990PF, PART IV - CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

30-0065137

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	472,724			413,173	59,551	SHORT
UBS ACCOUNT 07010 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,426,641			1,052,227	374,414	LONG
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	2,081,877			1,949,356	132,521	SHORT
UBS ACCOUNT 07011 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	1,497,308			1,000,001	497,307	LONG
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	50,557			47,986	2,571	SHORT
UBS ACCOUNT 70614 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	119,578			97,175	22,403	LONG
UBS ACCOUNT 70614 - ADDITIONAL PROCEEDS	PURCHASE	VARIOUS	VARIOUS	1			0	1	LONG
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	35,305			35,794	(489)	SHORT
UBS ACCOUNT 32270 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	102,047			89,181	12,866	LONG
UBS ACCOUNT 35031 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	-			0	0	SHORT
UBS ACCOUNT 35031 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	400,000			432,519	(32,519)	LONG
UBS ACCOUNT 40904 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	555,912			560,212	(4,300)	SHORT
UBS ACCOUNT 40904 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	99,720			102,300	(2,580)	LONG
UBS ACCOUNT 40904 - ADDITIONAL BASIS NOT REFLEC	PURCHASE	VARIOUS	VARIOUS	-			37	(37)	LONG
UBS ACCOUNT 40904 - RETURN OF PRINCIPAL	PURCHASE	VARIOUS	VARIOUS	14,249			14,314	(65)	LONG
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	2,248,500			2,267,200	(18,700)	SHORT
BOA ACCOUNT 1255868 - MARKETABLE SECURITIES	PURCHASE	VARIOUS	VARIOUS	696,288			666,245	32,043	LONG
TOTALS				9,802,707	NONE		8,727,720	1,074,987	

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PE, 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	121,935.
ARCTIC FJORD, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	12/31/2013	237,900.
ARCTIC STORM, INC. 400 N. 34TH STREET., STE 306 SEATTLE, WA 98103	12/31/2013	62,100.
TOTAL CONTRIBUTION AMOUNTS		<u>421,935.</u>

TR4973 1832

V 13-6.5F

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	230,889.	230,889.
INTEREST FROM SECURITIES	61,801.	61,801.
TOTAL	<u>292,690.</u>	<u>292,690.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME
BOOK SALE REVENUE	180.		180.
MISCELLANEOUS INCOME	745.	745.	
TOTALS	925.	745.	180.



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	65.			65.
TOTALS	<u>65.</u>			<u>65.</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	8,500.			5,500.
TOTALS	<u>8,500.</u>			<u>5,500.</u>

ATTACHMENT 6

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
INVESTMENT MANAGEMENT FEES	61,381.	61,381.
TOTALS	<u>61,381.</u>	<u>61,381.</u>

ATTACHMENT 7FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
EXCISE TAXES	25,789.
TOTALS	<u>25,789.</u>

ATTACHMENT 8

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OUTREACH/SCHOOL VISITS	9,021.		9,021.
BBEDC ADMINISTRATION CHARGE	56,679.	7,329.	49,350.
ACADEMIC SUPPORT	12,410.		12,515.
SUPPLIES	244.		244.
INSURANCE	1,228.		1,228.
ADVERTISEMENT	1,888.		1,888.
TOTALS	<u>81,470.</u>	<u>7,329.</u>	<u>74,246.</u>

ATTACHMENT 9FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC.

RECEIVABLE DUE FROM: ARCTIC FJORD, INC.

BEGINNING BALANCE DUE .....

ENDING BALANCE DUE ..... 237,900.ENDING FAIR MARKET VALUE ..... 237,900.

RECEIVABLE DUE FROM: ARCTIC STORM, INC.

BEGINNING BALANCE DUE .....

ENDING BALANCE DUE ..... 62,100.ENDING FAIR MARKET VALUE ..... 62,100.TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.                     TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC. 300,000.TOTAL ENDING FMV - RECEIVABLES DUE FROM OFFICERS, ETC. 300,000.

ATTACHMENT 10

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	7,461.	NONE.	NONE.
PREPAID SCHOLARSHIP	NONE.	5,031.	5,031.
TOTALS	<u>7,461.</u>	<u>5,031.</u>	<u>5,031.</u>

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ATTACHMENT 11</u>	
		<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
GOVERNMENT SECURITIES	1,112,862.	594,516.	594,516.
US OBLIGATIONS TOTAL	<u>1,112,862.</u>	<u>594,516.</u>	<u>594,516.</u>



ATTACHMENT 12

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	7,092,891.	8,279,832.	8,279,832.
TOTALS	<u>7,092,891.</u>	<u>8,279,832.</u>	<u>8,279,832.</u>

ATTACHMENT 13

FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
VARIOUS CORPORATE BONDS	1,042,871.	1,207,209.	1,207,209.
TOTALS	<u>1,042,871.</u>	<u>1,207,209.</u>	<u>1,207,209.</u>

ATTACHMENT 14

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	75,840.	98,638.	98,638.
OTHER FIXED INCOME	31,298.	432,546.	432,546.
TOTALS	<u>107,138.</u>	<u>531,184.</u>	<u>531,184.</u>

ATTACHMENT 15

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	15,330.	14,070.	14,070.
TOTALS	<u>15,330.</u>	<u>14,070.</u>	<u>14,070.</u>

## HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

ATTACHMENT 16FORM 990PF, PART II - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PAYABLE TO AFFILIATE (BBEDC)	92,173.	434,466.
INCOME TAXES PAYABLE		10,428.
TOTALS	<u>92,173.</u>	<u>444,894.</u>

ATTACHMENT 17FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON MARKETABLE SECURITIES	58,777.
TOTAL	<u>58,777.</u>

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 18

NAME AND ADDRESS

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

TR4973 1832

V 13-6.5F

790642

ATTACHMENT 18

HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

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

ATTACHMENT 19

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	2,250.	0	852.
GERDA KOSBRUK P.O. BOX 1464 DILLINGHAM, AK 99576-1464	TREASURER .10	2,500.	0	1,252.
FRITZ SHARP P.O. BOX 1464 DILLINGHAM, AK 99576-1464	VICE PRESIDENT .10	2,000.	0	898.
CINDY GABEL P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	500.	0	0
KENNETH JENSEN P.O. BOX 1464 DILLINGHAM, AK 99576-1464	BOARD MEMBER .10	1,250.	0	741.
PATRICK PATTERSON, JR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	SECRETARY .10	2,000.	0	620.



HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137.

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

ATTACHMENT 19 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
H. ROBIN SAMUELSEN, JR. P.O. BOX 1464 DILLINGHAM, AK 99576-1464	EX-OFFICIO BOARD MEMBER .10	916.	0	0
GRAND TOTALS		11,416.	0	4,363.

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

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

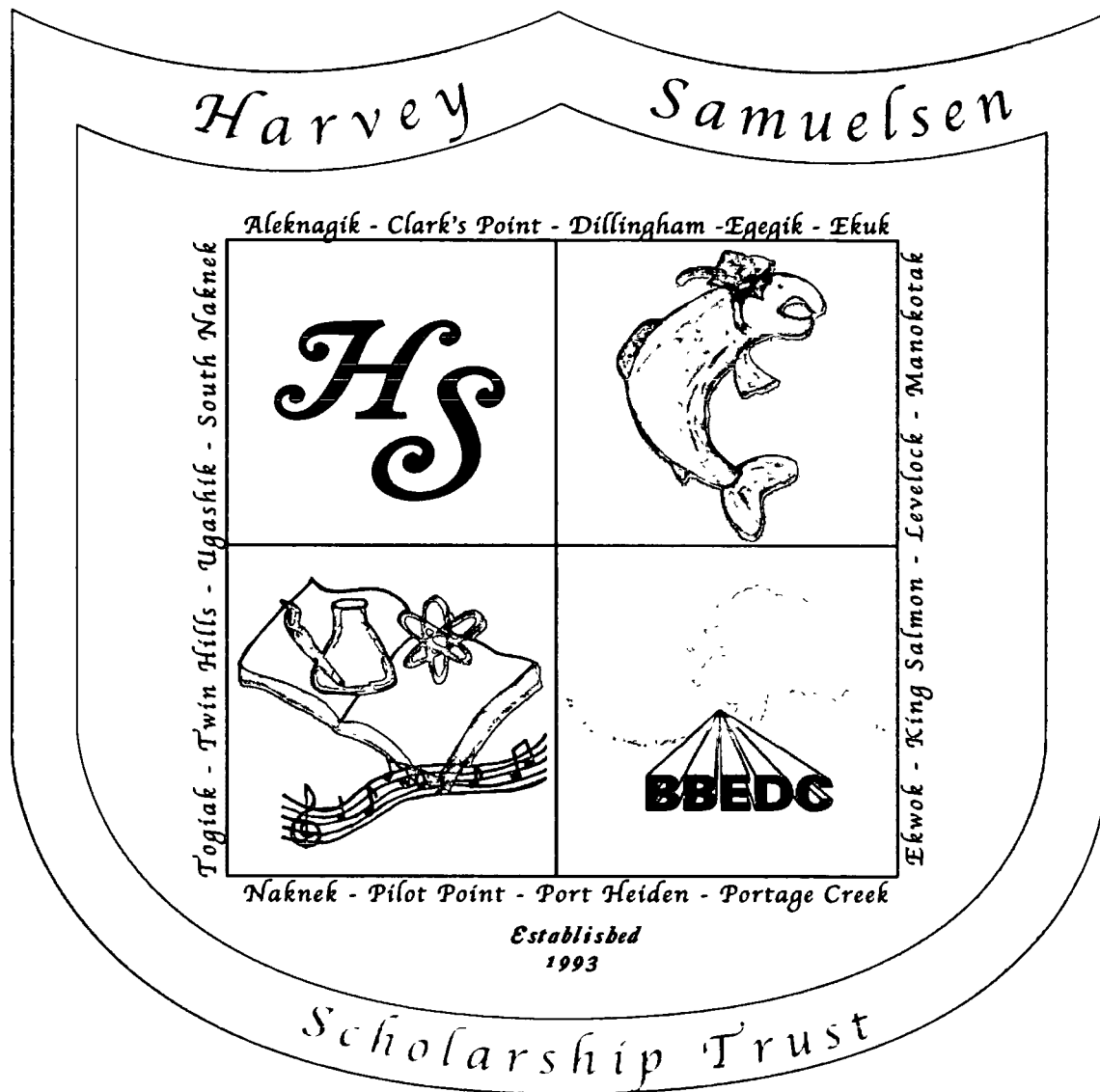
HARVEY SAMUELSEN SCHOLARSHIP TRUST

30-0065137

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 21

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	RELATED OR EXEMPT FUNCTION INCOME	
				AMOUNT	
MISCELLANEOUS INCOME			01	745.	
BOOK SALE REVENUE			05	180.	
TOTALS				925.	



## 2013-2014 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 28, 2013**

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.)
- ☐ ✓ High School or **College Transcript** (can be an unofficial transcript but must show Fall 2013 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 Relationship Disclosure Form

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

**Transcripts are required**

**Applications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed applications must be post-marked by June 28, 2013.**

### Application Suggestions:

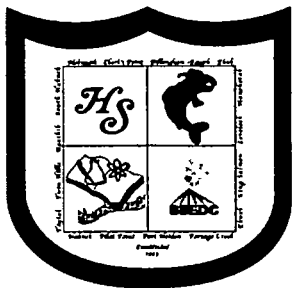
-  Submit application as soon as Fall term 2013 grades have been posted.
-  Remember only **complete** applications will be considered (It is **your** responsibility to make sure your application is complete.)
-  Type your letter of interest and, when possible, the application as well.
-  Double-check 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**



**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 28, 2013**

### 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 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 \_\_\_\_\_ Fall \_\_\_\_\_ Summer \_\_\_\_\_

School on: Quarters ☐ Semesters ☐ Trimesters ☐

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

**Application Deadline is June 28, 2013**



## 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>	

## 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 28, 2013**

## 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 28, 2013**

## BBEDC Affidavit of Residency Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ How long at this address? \_\_\_\_\_

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC is a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik; Clarks Point; Dillingham; Egegik; 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 any of the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in a CDQ community.

Unexcused absences for up to 90 consecutive days per year are allowable. Incarceration does not disqualify an individual from program eligibility; however, incarceration for more than 90 days is an inexcusable absence. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return. **Residency must be renewed annually.**

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

- A copy of your government issued photo ID (Example: AK Drivers License/ID card, Military or Tribal ID card) **AND** a copy of at least **one** of the following documents:

- ☐ Permanent Fund Dividend check stub
- ☐ Current electric, telephone, fuel bill or receipt
- ☐ Most recent pay check stub or W-2
- ☐ Recent TANF or Food Stamp benefit award letter
- ☐ Current ADF&G commercial/sport fishing or hunting license

If you are out of the CDQ community for more than 90 consecutive days, the **only excusable absences** are: **post-secondary purposes; military service; participation in BBEDC Employment & Training Programs** or **medical reasons**. To waive the 90-day requirement you must supply **one** of the following:

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

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

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

**This form must be signed by an Authorized Representative of the Village Tribal Council or the City Government.**

I verify that \_\_\_\_\_ is a resident of \_\_\_\_\_, and

☐ has been ☐ has not been (Reason: \_\_\_\_\_) residing in this CDQ community for the **past twelve months**.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ DATE \_\_\_\_\_

## 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 <b>Ugashik</b>	<input type="checkbox"/>	Margie Aloysius <b>Aleknagik</b>	<input type="checkbox"/>	Fred T. Angasan Sr. <b>South Naknek</b>	<input type="checkbox"/>	Mark Angasan <b>King Salmon</b>
<input type="checkbox"/>	Chadalin Washington <b>Levelock</b>	<input type="checkbox"/>	Richard Alto <b>Egegik</b>	<input type="checkbox"/>	Robert Heyano <b>Ekuk</b>	<input type="checkbox"/>	MaryAnn Johnson <b>Portage Creek</b>
<input type="checkbox"/>	Kenneth Jensen <b>Ekwok</b>	<input type="checkbox"/>	Gerda Kosbruk <b>Port Heiden</b>	<input type="checkbox"/>	Moses Kritz <b>Togiak</b>	<input type="checkbox"/>	H. Robin Samuelsen Jr. <b>Dillingham</b>
<input type="checkbox"/>	Victor Seybert <b>Pilot Point</b>	<input type="checkbox"/>	Fritz Sharp <b>Twin Hills</b>	<input type="checkbox"/>	Moses Toyukak Sr. <b>Manokotak</b>	<input type="checkbox"/>	Betty Gardiner <b>Clark's Point</b>
<input type="checkbox"/>	Patrick Patterson Jr. <b>Naknek</b>	<input type="checkbox"/>	<b>None</b>				

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

---



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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"/>	Norman Van Vactor	<input type="checkbox"/>	Helen Smeaton	<input type="checkbox"/>	Chris Napoli	<input type="checkbox"/>	Staci Fieser
<input type="checkbox"/>	Paul Peyton	<input type="checkbox"/>	<b>None</b>				

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

---



---



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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

First Name	Home Address	City, State, Zip	Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Award
Alicia	P O Box 450	Togiak, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Gusty	P O Box 1245	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Luki	P O Box 1245	Dillingham, AK 99576	Cousin of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Virginia	1001 Christensen Drive	Port Heiden, AK 99549	None	None	Educational Scholarship	\$ 2,280 00
Nathan	P O Box 1082	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Donovan	P O Box 87	Aleknagik, AK 99555	2nd Cousin to BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Sasha	P O Box 87	Aleknagik, AK 99555	2nd Cousin to BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Zackary	P O Box 221	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031 45
Amy	P O Box 295	Togiak, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Ashley	P O Box 226	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031 45
Abraham	P O Box 995	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Virginia	P O Box 995	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,515 72
Theo	P O Box	Manokotak, AK 99628	None	None	Educational Scholarship	\$ 2,280 00
Lillian	P O Box 686	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Lorraine	P O Box 1281	Dillingham, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Samuel	P O Box 861	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Lyla	P O Box 187	Togiak, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Marc	P O Box 1086	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,515 72
Sarah	P O Box 841	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,280 00
Aubrey	P O Box 237	Togiak, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Mike	P O Box 34	Egegik, AK 99579	None	None	Educational Scholarship	\$ 5,031 45
Chantelle	P O Box 31	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031 45
Mindy	P O Box 1409	Dillingham, AK 99576	Daughter & Niece of Board Members	None	Educational Scholarship	\$ 5,031 45
Alexander	P O Box 1061	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Elizabeth	P O Box 1061	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Aurora	P O Box 825	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Ward	P O Box 1196	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Megan	P O Box 1196	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Mariah	P O Box 563	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
CaSandra	P O Box 91	Dillingham, AK 99576	Great Niece of BBEDC Board Members	None	Educational Scholarship	\$ 2,515 72
Colleen	P O Box 1174	Dillingham, AK 99576	Niece of BBEDC Board Member	None	Educational Scholarship	\$ 5,031 45
Holly	P O Box 1046	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Matilda	P O Box 9	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 5,031 45
Tasha	P O Box 35	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 5,031 45
Samantha	P O Box 1147	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Esther	P O Box 214	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031 45
Marin	P O Box 845	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,280 00
Ricky	4431 Unicorn Lane	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Patricia	123 School Road	Ekwok, AK 99580	None	None	Educational Scholarship	\$ 5,031 45
Jorden	P O Box 818	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Damien	P O Box 82	Togiak, AK 99678	None	None	Educational Scholarship	\$ 2,280 00
Victoria	P O Box 161	King Salmon, AK 99613	Niece to BBEDC Officer	None	Educational Scholarship	\$ 5,031 45
Mackenzie	P O Box 361	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031 45
Jessica	P O Box 21	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45
Matthew	P O Box 504	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 5,031 45
Amanda	P O Box 481	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031 45

Everet	P O Box 1475	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 2,515.72
Javier	P O Box 1477	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Ashley	P O Box 1551	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Jared	P O Box 1076	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Samuel	P O Box 161	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 2,515.95
Ashley	P O Box 232	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031.45
Timothy	P O Box 796	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Natasha	P O Box 1422	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
William	P O Box 1035	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Steven	P O Box 1035	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Henry	P O Box 868 DLG	Aleknagik, AK 99555	None	None	Educational Scholarship	\$ 5,031.45
Sophie	P O Box 331	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Miranda	P O Box 753	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 7,311.45
Darren	P O Box 1257	Dillingham, AK 99576	Nephew to BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Kittipath	P O Box 883	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Kristina	P O Box 1478	Dillingham, AK 99576	Step-daughter to BBEDC Officer	None	Educational Scholarship	\$ 5,031.45
Joclyn	P O Box 687	Dillingham, AK 99576	Niece to BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Random	P O Box 687	Dillingham, AK 99576	Nephew to BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Jennifer	P O Box 763	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Jesse	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Mathew	P O Box 754	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
William	1 Kates Lot	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031.45
Stacia	P O Box 1123	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Jillian	P O Box 393	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Kristin	P O Box 382	Dillingham, AK 99576	Daughter of BBEDC Officer	None	Educational Scholarship	\$ 5,031.45
Reed	P O Box 167	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Robin	P O Box 9	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 5,031.45
Allen	P O Box 253	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 5,031.44
Francine	P O Box 117	Manokotak, AK 99628	Granddaughter of BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Rachel	P O Box 786	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Cale	P O Box 324	King Salmon, AK 99613	None	None	Educational Scholarship	\$ 5,031.45
Logan	603 Ravensview	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Michelle	P O Box 228	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 5,031.45
Acacia	P O Box 465	Dillingham, AK 99576	None	None	Educational Scholarship	\$ 8,385.75
Kaitlyn	P O Box 331	Naknek, AK 99633	Distant cousin to BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Christopher	P O Box 49110	Port Heiden, AK 99549-0110	None	None	Educational Scholarship	\$ 5,031.45
Luke	P O Box 202	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031.45
Dennis	P O Box 142	Dillingham, AK 99576	Nephew to BBEDC Board Member	None	Educational Scholarship	\$ 5,031.45
Shawna	P O Box 234	Naknek, AK 99633	None	None	Educational Scholarship	\$ 5,031.45
Kameron	P O Box 70142	South Naknek, AK 99670	None	None	Educational Scholarship	\$ 5,031.45
			Cash Basis of Scholarships Paid		\$ 412,003.32	
			Less Returns from Prior Years Awards		\$ (14,170.00)	
			Change in A/R related to scholarship returns		\$ (2,157.54)	
			Accrual Basis of Scholarships Paid		\$ 395,675.78	

Form **8868**

(Rev. January 2014)

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

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No 1545-1709

- 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

Enter filer's identifying number, see instructions

**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

30-0065137

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, CFO

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, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2013 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 \$	33,360.
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 \$	15,360.
c <b>Balance due.</b> 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 \$	18,000.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) 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. 1-2014)

JSA

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• 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).

<b>Type or print</b>	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		30-0065137	
	P.O. BOX 1464		Social security number (SSN)	
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 99576-1464			

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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, 2014**
- For calendar year **2013**, 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 A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0
<b>c 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.	<b>8c</b>	\$	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 **E. Mary Thaw** Title **CPA** Date **8-11-2014**