CS-Form

990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

▶ Do not enter social security numbers on this form as it may be made public.

2016

Department of the Treasury	► Information about Form 990-EZ and its instructions is at www.irs.gov/form990	
	2040	

Open to Public Inspection

Inter	nal Reven	e Service	► Information about Form 990-EZ a	na its instructions is	at www.iis.	govioniisso	<u>W1-</u>	<u></u>	
A	For the	2016 calenda	ar year, or tax year beginning	, 2016, an	d ending			<u>, 20</u>	
В	Check if ap	plicable	C Name of organization			D Emplo	yer ide	entification nu	mber
	Address ch	ange	ALASKA STRING CAMPS INC			92	-01 <u>5</u> 3	914	
	Name char	nge	Number and street (or P O box, if mail is not delivered to street ad	dress)	Room/suite	E Teleph	none nu	mber	
	Initial return	n							
	Final return	/terminated	PO BOX 770057						
\Box	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal c	ode	00	F Group	Exemp	tion	
一	Application	pending	Eagle River, AK 99577		00	Numb	er 🕨		
		ng Method	Z Cash			H Check ►	X if t	he organizatio	n is not
	Website							Schedule B	
			check only one) - 🗶 501(c)(3) ☐ 501(c)() ◀ (ii	nsert no) 4947(a)(1)	or 527	•		Z, or 990-PF)	
				ciation	-: <u></u>				
			7b to line 9 to determine gross receipts. If gross rec		more or if to	tal assets			
			v) are \$500,000 or more, file Form 990 instead of Fo				. • \$		73,903
	art I		e, Expenses, and Changes in Net Ass						10,500
	aiti		the organization used Schedule O to respond						√
						· · · · · · ·	1		73,903
	1		-, 3, 3				2		13,903
	2	-	rvice revenue including government fees and contract				3		
	3	-	dues and assessments						
	4	Investment i			1		4		
			ant from sale of assets other than inventory				-		
			•	<u>5t</u>	0		·		
	C	,	s) from sale of assets other than inventory (Subtract	line 5b from line 5a)	• • • • •		5c		
	6	-	fundraising events					RECEIV	FD
	a		ne from gaming (attach Schedule G if greater than	1 -	1				
တဋ				<u>6</u> 6			[]	AUG 05	2019 Ö
2019 Revenue	b		ne from fundraising events (not including \$		of contribut	ions	5	7.00	2019 SSC RS-OSC
~~~			sing events reported on line 1) (attach Schedule G if	1	(		╽┖		
		sum of such	gross income and contributions exceeds \$15,000)		b		Ų (	DGDEN.	UI
			emperiors manning and manners of a second	60			<del> </del>		
H H	d	Net income	or (loss) from gaming and fundraising events (add lii	nes 6a and 6b and sub	tract				
S		line 6c) .					6d		
$\Omega$	7a	Gross sales	of inventory, less returns and allowances		a		_		
ツ	b	Less cost o	f goods sold		b		ļ		
Ź	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from	om line 7a)			7c		
SCANNED	8	Other reven	ue (describe in Schedule O)				8		
$S_{-}$	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>			9		73,903
	10	Grants and	similar amounts paid (list in Schedule O)				10	<u> </u>	
	11	Benefits par	d to or for members				11	<u> </u>	
	12	Salaries, oth	ner compensation, and employee benefits				12		28,061
Ses	13	Professiona	fees and other payments to independent contractor	s			13		
Expenses	14						14		32,404
ĔŽ	15						15		
	16						16		13,526
	17		nses. Add lines 10 through 16				17		73,991
	18						18		(88)
ঠ	19		or fund balances at beginning of year (from line 27, o	column (A)) (must agre	e with				
SSE							19		7,594
Net Assets	20		es in net assets or fund balances (explain in Sched				20		
ž	21		or fund balances at end of year Combine lines 18 th				21		7,506

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Form 990-EZ (2016) ALASKA STRING CAMPS			92-0	15391	.4 Page 2
Part II Balance Sheets (see the instructions for Par	•				
Check if the organization used Schedule O to	respond to any question				
st .		<del>- ` ' - '</del>	eginning of year		(B) End of year
			7,594	22	7,506
23 Land and buildings			0	24	0
25 Total assets			7,594	25	7,506
26 Total liabilities (describe in Schedule O)		<del></del>	0	26	
27 Net assets or fund balances (line 27 of column (B) must a			7,594	27	7,506
Part III Statement of Program Service Accomplis			<u> </u>		
Check if the organization used Schedule O t	o respond to any questic	on in this Part III	<u> </u>	/Peguii	Expenses red for section
What is the organization's primary exempt purpose? String	camp for violin ar	nd orchestra		1 '	3) and 501(c)(4)
Describe the organization's program service accomplishments for	r each of its three largest pro	ogram services,		1	ations, optional for
as measured by expenses In a clear and concise manner, descri		e number of		others	)
persons benefited, and other relevant information for each prograing 28 TEACH MUSIC TO CHILDREN	m title			<del>                                     </del>	
20 TEACH MOSIC TO CHILDREN	<del></del>		·		
(Grants \$ ) If this amou	unt includes foreign grants, c	heck here	▶ □	28a	0
29					
				!	
, , , , , , , , , , , , , , , , , , , ,	int includes foreign grants, c	heck here	<u></u> ▶ <u></u>	29a	<del></del>
30	<u></u>				
(Grants \$ ) If this amou	int includes foreign grants, cl	heck here		30a	
31 Other program services (describe in Schedule O)				Jua	
	unt includes foreign grants, cl		_	31a	
32 Total program service expenses (add lines 28a through 3				32	0
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one ex	ven if not compensa	ted - see the insti	ructions	for Part IV)
Check if the organization used Schedule O to resp	ond to any question in this P	art IV		<del></del>	<u></u>
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to empl		) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	ı .	other compensation
COLIN OSSIANDER	dorotto to position	(if not paid, enter -0-)	deferred compensa	tion	
TREASURER	0.00		a	a	0
		<b>\</b>	1		
	-		<del> </del>		
	-	<del> </del>			
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		]			
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	<del></del>		<del>                                     </del>	-	

Form 990-EZ (2016)

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Form 9	90-EZ (2016) ALASKA STRING CAMPS INC 92-0153	914	<u> </u>	Page 3
Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			$\Box$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	-	<del>                                     </del>	1
34		ļ		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	٠,		\ \ _V
	change on Schedule O (see instructions)	34		_X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_X_
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	dunng the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		<u> </u>
30 a		20-	<del> </del>	~-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations   Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
_	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
u				
	40c reimbursed by the organization			1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   AK			
42 a	The organization's books are in care of ▶ COLIN OSSIANDER Telephone no ▶ 907-2	44-8	777	
	Located at ▶ PO BOX 770057, Eagle River, AK ZIP+4 ▶ 99577	·		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_X_
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR)		_	_
c	At any time duning the calendar year, did the organization maintain an office outside the United States?	42c		X
•	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Г
43		i		_
	and enter the amount of tax-exempt interest received or accrued during the tax year			- N-
	Bull to the state of the state		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Χ
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
		AFL		X
	Form 990-EZ (see instructions)	45b		ΙΔ.

Form 990-EZ (2016)

ALASKA STRING CAMPS INC

92-0153914

Page 4

#### SCHEDULE A

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number ALASKA STRING CAMPS INC 92-0153914 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 П A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) ĥ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations . . . . . . . . . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of support (see other support (see (described on lines 1-10 listed in your governing above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Scinedule A (Form 990 or 990-EZ) 2016 ALASKA STRING CAMPS INC 92-0153914 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities fumished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . Public support Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c)/2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . . . . . . Total support. Add lines 7 through 10 . 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column_s(f) divided by line 11, column (f)) ....... % 14 % 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test /2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

b 10%-facts-and-circumstance's test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

FEA

supported organization /

instructions

Sche		KA STRING C				92-01539	<u>14 Pagé 3</u>
Pa	rt III Support Schedule for Org	anizations D	escribed in S	ection 509(a)(	2)		
	(Complete only if you check	ed the box or	n line 10 of Par	t I or if the orga	anization failed	to qualify und	er Part II
	If the organization fails to qu						
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
		(, :	(0,2010	1 (-,/	(4)	1 ,-,	/ / / / / / / / / / / / / / / / / / / /
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise		-				
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				<del> </del>	<del>  /                                   </del>	<del></del>
3	Gross receipts from activities that are not an			+			
	unrelated trade or business under section 513 .					<del>                                     </del>	
4	Tax revenues levied for the					X	
	organization's benefit and either paid		}				
	to or expended on its behalf			<del>  -</del>	<del>                                     </del>		<u> </u>
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge		<del></del>	+	_/		
6	Total. Add lines 1 through 5			<del></del> .	//		
7a	Amounts included on lines 1, 2, and 3				X		
	received from disqualified persons						
<b>h</b>	Amounts included on lines 2 and 3						
IJ	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			/			
	line 6)			1			<u></u>
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10-	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources						
			7				
b	Unrelated business taxable income (less section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
		/					
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
	· · · · · · · · · · · · · · · · · · ·	/					
12	Other income Do not include gain or	/					
	loss from the sale of capital assets (Explain in Part VI)						
	`				<u> </u>	<del> </del>	
13	Total support. (Add lines 9, 10c, 11, and 12)			1			
	· / -						
14	First five years. If the Form 990 is for the or						▶ □
80	organization, check this box and∌ <b>stop here</b> ction C. Computation of∕Public Su			<u> </u>	· · · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
_						45	
	Public support percentage for 2016 (line 8, co		-				
	Public support percentage from 2015 Schedu				· · · · · · · · · · · ·	16	%
	ction D. Computation of Investmer			(0)		147	- 0/
17	Investment income percentage for 2016 (line						%
18	Investment income percentage from 2015 So						%
19a	33 1/3% support tests - 2016. If the organiz						
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization q	ualifies as a public	ly supported organ	nization	▶ ⊔
b	33 1/3% support tests - 2015. If the organiz						<del></del>
	line 18 is not more than 33 1/3%, check this	box and stop he	re. The organization	on qualifies as a pi	ublicly supported o	rganization	▶ ∐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v )		
Sect	ion A. All Supporting Organizations		\\	Ma
	A collection of the control of the c		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		i	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
_	class or purpose, describe the designation. If historic and continuing relationship, explain	<b> </b>	-	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<del></del>		
_	organization was described in section 509(a)(1) or (2)	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del></del>		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	<u> </u>		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b 5c		l
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		<del></del>	
_	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
•	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	-		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		├──	
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			4
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	_9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b>	9b		<u> </u>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		
	determine whether the organization had excess business holdings )	10b	<u>L</u>	<u> </u>

11 Has the organization accapted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) to(b) above? If "Yes" (b a, b, or c, provide detail in Part VI 11b.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or relied at least a majority of the organizations is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations and what conditions or restrictions, of any, applied to such powers dilinguistic augmonation, describe how the powers to appoint and/or money directors or trustees were allicated among the supported organization, describe how the powers to appoint and/or money directors or trustees were allicated among the supported organizations of the organizations or restrictions, of any, applied to such powers during the tax year  2 Did the organization operate for the benefit of any supported organization other than the supported organizations of the organizations of the supporting organizations or trustees of each of the organizations directors or trus	Par	t IV Supporting Organizations (continued)			
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<ul> <li>trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			_		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
			3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organi	ızatıon	s must complete Section	ns A through E		
Section A Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2	· -			
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5	·			
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year)					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b	_			
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other			1		
factors (explain in detail in Part VI)	L				
Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,					
see instructions)	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by 035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionally	y-integ	rated Type III supportin	g organization (see		
instructions)					

Par	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is respons	ive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI) See			
	ınstructions			
3_	Excess distributions carryover, if any, to 2016	<u> </u>	<u> </u>	· •
<u>a</u>	<u> </u>		* *	
b	<u> </u>			
	From 2013			
d	From 2014			
	From 2015			
_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			·
i	Carryover from 2011 not applied (see instructions)		·	
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		<u></u>
4	Distributions for 2016 from	* **:		
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			<u></u>
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			•
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
	Excess from 2013		·	
	Excess from 2014	•		
d	Excess from 2015			

e Excess from 2016

### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. Inspection Employer identification number Name of the organization

ALASKA STRING CAMPS INC		92-0153914				
01. Description of other expenses (Part I, line 16)						
Description	Amount					
TUITION REFUNDS	1,251					
CAMP INSURANCE	1,746	•				
MERCHANDISE COSTS	4,325					
ADVERTISING	416					
TRAVEL	776					
MUSIC LIB	130					
TAX PREP	250					
POSTAGE AND TELEPHONE	1,539					
SUPPLIES	707					
BANK FEES	1,761					
PICK CLICK GIV FEE	250					
GRANT PREP	375					
02. Other program services (Part III, line 3	31)					
THE TEACHING OF VIOLIN AND ORCHESTRA INSTRU	MENTS TO YOUNG STUDEN					
•						