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### Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Sponsoring organizations of dox advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Constitution of comparization   Constitution   Co	A	For t	ne 2012 calendar year, or tax year beginning and ending			
AMERICAN SHUDKAN ASSOCIATION   20-3658877	В			) Employer id	entification number	
International   Internation		Add	ress change AMERICAN SHUDOKAN ASSOCIATION			
Number and street (of P.D. box, if mail is not delivered to street address)   Room/suite   Telephone number   Telephone numb		7	NODELINEOR CONOLADONED BIND	20-36	558877	
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Accounting Method.		$\neg$	VAVINA DA OCOCO	=	-	
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Tax-exampt status (check only one) —				required to	attach Schedule B	
School   If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-Hz per required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II), line 2b, column (8) below and \$500,000 or more, file Form 990 instead of Form 990-EZ				•		
\$5,000.0. A Form 990-E2 or Form 990 return is not required though Form 990-N (a-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file Form 990-EZ \$  \$ 63,292.    Part II   Revervine, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Cherck if the organization used Schedule 0 to respond to any question in this Part I   Contributions, gifts, grants, and similar amounts evolved   1						
A return, be sure to file a complete return.  Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file form 990 instead of form 990-EZ.  Perit 3 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1)  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Check if the organization used Schedule 0 to respond to any question in this Part 1  Carlos in core revenue (asschidance of a sasets other than inventory (Subtract line Sch from line 5a)  Carlos in core room quarting and thindraising events (provided in the Schedule G if the sum of such gross income from fundraising events (not including \$ of contributions or from fundraising events (not including \$ of contributions or from gaming and thindraising events (provided in the Schedule G if the sum of such gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000  Carlos income and contributions exce			• • • • • • • • • • • • • • • • • • • •			
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Interest   St. column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   X    Contributions, gifts, grants, and similar amounts received   1   34,858.   2   Program service revenue including government fees and contracts   2   3   Membership dues and assessments   3   4   Investment roome   See   Schedule   O   4   12,023.   5   5   5   16,411.   5   5   5   18,952.   5   5   5   5   5   5   5   5   5			•	1.		
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21 Net assets or fund balances at end of year Combine lines 18 through 20	इ	20	Other channes in net assets or find halances (explain in Schedule O)  See Schedule O		15.698.	
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Form 990-EZ (2012)

	MARCHAEL CONTRACTOR AND	עו		<u> </u>		
P	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any que	stion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		210,224	. 22		247,441
23	land and building		<del></del>	23		
	•			24		
24			210,224			247,441
25				$\rightarrow$		
26			0			0
27		<u> </u>	210,224	• 27		247,441
P	art III Statement of Program Service Accomplishmen					penses
	Check if the organization used Schedule O to res	spond to any que	<u>stion in this Part III</u>	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? See Schedule O	)				ons and section
	cribe the organization's program service accomplishments for each of its three largest program		nenges in a clear and concise			) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform		penses. In a clear and concise		for others.	.)
	THE FUNDS RAISED IN 2012 FROM DONAT		TIRNAMENT			
	FEES ALLOWED THE ORGANIZATION TO PR					
		GE STUDENTS	·	<del></del> \		
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u></u> <b>&gt;</b>	إليا	28a	
29					[	
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	(Grants \$ ) If this amount includes foreign g	rants check here	<u> </u>		29a	
30	7 it this amount includes foreign g	rants, oncornor	, <u>,</u>			
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31	(Grants \$ ) If this amount includes foreign g Other program services (describe in Schedule O)	rants, check here	<u> ▶</u>		30a	
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32	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign g  Total program service expenses (add lines 28a through 31a)	rants, check here	<b>&gt;</b>		31a 32	
32	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign g  Total program service expenses (add lines 28a through 31a)  art W List of Officers, Directors, Trustees, and Key E	mployees List sech	one even if not compensated. (s	. D	31a 32	
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# AMERICAN SHUDOKAN ASSOCIATION

Form 990-EZ (2012)

NORTHWEST SCHOLARSHIP FUND 20-3658877 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V Check if the organization used Sch. O to respond to any question in this Part V

Page 3

_	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	IIS Fa	LV	<u> </u>
			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	1		
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the 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	1		۱
	on lines 2, 6a, and 7a, among others)?	35a	37/	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 0	35b	N/	A
C	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	1.		
	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 during the year? If "Yes,"			v
	complete applicable parts of Schedule N	36	344	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	7 "		
	Did the organization file Form 1120-POL for this year?	37b		X
308	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-	,	X
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	.32.	<u> </u>
		┧、		] ;
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  N/A	1		
	37/3	-∤	*# ::·	····
40=			٠,	,
404	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  section 4911   O • ; section 4912   O • ; section 4955   O • ; section 4955		٠, ٠	
h	Section 4917 Section 4912 Section 4912 Section 4918 excess benefit transaction during the			
b	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?		: ,	, w
	If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers	700	ş	
٠	or disqualified persons during the year under sections 4912, 4955, and 4958		: ;	Ŋ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1		
_	organization	• .•	٠,	
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	·· :	3	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► WA			
42 a	The organization's books are in care of ► KARILEE MACK  Telephone no. ► 509 69	8-4	155	
		890	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			·
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4		S
£	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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	; .	▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ı		
			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
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			`v`
_	of Form 990-EZ	44b		X
		44c	<del></del>	
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	أسما	: •	
AE -	in Schedule O	44d		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
7U U	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	\$	,
	212(D)(10)(11) 100, 101111 300 8110 Schlannia v High Haan to de Compiened Histago di Politi 330-22 (388 Histagonis)	Form 99	10-F7	(2012)
		rollii <b>y</b> t	10.CT	2012)

For	AMERICAN SHUDOKAN ASSOCIATION Form 990-EZ (2012) NORTHWEST SCHOLARSHIP FUND		20-36588	377	·	Page
				.,,,,,,	Yes	Ŋc
46	46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in oppor	sition to candidates for p	ublic office?	. '	•	<u></u>
10000	If "Yes," complete Schedule C, Part I	<u> </u>		46		Х
P	Part VI Section 501(c)(3) organizations only					
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and comp					
	Check if the organization used Schedule O to respond to any question in this Part \	<u>/ </u>	<u></u>	<u></u>	Yes	No
47	47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the ta	y year? If "Vec " complet	a Sch C Part II	47	163	X
47 48				48		X
				49a		X
	b If "Yes," was the related organization a section 527 organization?		·····	49b		
50		ctors, trustees and key e			ceived 1	nore
	than \$100,000 of compensation from the organization. If there is none, enter "None."	•				
	(a) Name and title of each employee (b) Average hours	(C) Reportable	(d) Health benefits	. (6	e) Estim	ated
	paid more than \$100,000 per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit		ount of	
	NONE position		plans, and deferred compensation	CC	mpens	ation_
				↓_		
				┿		
	<del></del>					
		<del>-  </del>	<del> </del>	+		
_		<del></del>	<del></del>	+		-
	<del></del>					
	f Total number of other employees paid over \$100,000		J			
51		eceived more than \$100.	.000 of compensa	tion f	rom the	ı
	organization If there is none, enter "None." NONE	• • • • • • • • • • • • • • • • • • • •	,			
(a		pe of service	(c) C	omp	ensation	1
		<del> </del>				
		<del></del>	<u> </u>			_
		<del></del>				
			1			
<del></del>	d Total number of other independent contractors each receiving over \$100,000				<del></del>	
52		nevemnt				
	aboutable tweete weed attack a completed Cabadula A		▶ \\\\	<b>7</b>	es	□ N
Unde	CRARITABLE TRISTS ITILIST ATLACT A COMPleted Scriedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	he best of my knowledge and	beller, it is true, com	ect, a	nd compl	ete.
	Waster Mack		11-14-	<del>73</del>		
Sig	Sign Signature of officer		Date			
ПВ	Karilee Mack					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN			

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2012)

\_\_ No

\_\_\_Yes \_

self- employed

Paid

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Employer identification number 20-3658877

Part 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated a Type I b \_\_\_ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? ........ 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col (iv) is the organization (v) Did you notify the (I) Name of supported (vii) Amount of monetary (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the governing document? (I) of your support? above or IRC section (see instructions)) Yes Yes Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Total

### Schedule A (Form 990 or 990-EZ) 2012 Part Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf			_			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					_	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	10.00		a kanggari s	· ? ' ;		
	by each person (other than a	1 4 9 7 7 7 8 7			··		
	governmental unit or publicly				٠, ,		
	supported organization) included						
	on line 1 that exceeds 2% of the	**************************************					
	amount shown on line 11,	minimi was	a and a				
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
8	Gross income from interest.			<u> </u>			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		<u> </u>		15.		
	activities, whether or not the						
	business is regularly carried on .						
10	Other income. Do not include gain						
	or loss from the sale of capital	]					
	assets (Explain in Part IV.)	!					
11	Total support. Add lines 7 through 10	7 : 3			· · · · · · · · · · · · · · · · · · ·	777 (\$ \$P\$)	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	-	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	•			<u></u>		▶□
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2012 (	line 6, column (f) di	vided by line 11, c	olumn (f)) .		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14		[	15	%
16a	33 1/3% support test - 2012. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2011. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation .			. ▶□
17a	10% -facts-and-circumstances tes	•	• • •				r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization .	······································	
b	10% -facts-and-circumstances tes	-	•	• • • • • • • • • • • • • • • • • • • •	=	7a, and line 15 is 10	0% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		· · · · · · · · · · · · · · · · · · ·				▶□
18	Private foundation. If the organization						▶□
						dule A (Form 990 o	r 000-E7\ 2012

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	Olovi, ploudo comp	510 <u>10</u> 1 411 11.7				
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	34,753.	20,651.	30,612.	22,006.	34,858.	142,880.
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			-00 610	00.006	24 050	1.40.000
	Total. Add lines 1 through 5	34,753.	20,651.	30,612.	22,006.	34,858.	142,880.
7 a	Amounts included on lines 1, 2, and	1					0
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7¢ from line 6.)	120,000				,	142,880.
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	34,753.	20,651.	30,612.	22,006.	34,858.	142,880.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,173.	5,169.	7,845.	9,705.	12,023.	35,915.
h	Unrelated business taxable income		3/103.	7,013.	37703.	12,023.	3373131
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	1,173.	5,169.	7,845.	9,705.	12,023.	35,915.
11		•		·		,	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	35,926.	25,820.	38,457.	31,711.		178,795.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here				<u></u>	<u>.                                      </u>	▶
	ction C. Computation of Publi						
15	Public support percentage for 2012 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	79.91 %
	Public support percentage from 2011			······		16	81.89 %
Sec	ction D. Computation of Inves			· ·	<del></del>	<del></del>	00 00
17	Investment income percentage for 20	=	· · ·	: 13, column (f))		17	20.09 %
18	Investment income percentage from 2				L	18	<u>18.11 %</u>
19a	33 1/3% support tests - 2012. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the				-		► <u>X</u> .nd
	line 18 is not more than 33 1/3%, che	_					. —
20	Private foundation. If the organization						▶□

#### SCHEDULE Ó (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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION
NORTHWEST SCHOLARSHIP FUND

NORTHWEST SCHOLARSHIP FUND	20-3658877
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
INTEREST INCOME	6,568.
DIVIDEND INCOME	2,471.
CAPITAL GAIN DISTRIBUTIONS	2,984.
Total Included on Form 990-EZ, line 4	12,023.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	· <del>-</del>
Date of Gift: Various	
Amount Given:	1,000.
1114 E D	1.1 O.E. ASS ASS ET 19910

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Internal Revenue Service AMERICAN SHUDOKAN ASSOCIATION **Employer identification number** Name of the organization 20-3658877 NORTHWEST SCHOLARSHIP FUND Activity Classification: SCHOLARSHIP Grantee Relationship: NONE Property Description: CASH Date of Gift: Various Amount Given: 1,000. Activity Classification: SCHOLARSHIP Grantee Relationship: NONE Property Description: CASH Date of Gift: Various 1,000. Amount Given: Activity Classification: SCHOLARSHIP Grantee Relationship: NONE Property Description: CASH Date of Gift: Various 1,000. Amount Given: Activity Classification: SCHOLARSHIP Grantee Relationship: NONE Property Description: CASH Date of Gift: Various 1,000. Amount Given:

#### SCHEDULE Ó

Department of the Treasury internal Revenue Service

(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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION

Name of the organization	NORTHWEST SCHOLARSHIP FUND	Employer identification number 20-3658877
Grantee Relati	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relati	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relati	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relation	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relation	onship: NONE	
Property Descr.	iption: CASH	
		0-1-4-1-0 /F 000 000 FT (0040)

### SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION

name of the organization	NORTHWEST SCHOLARSHIP FUND	20-3658877
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relati	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relati	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relation	onship: NONE	
Property Descr	iption: CASH	<del> </del>
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	ification: SCHOLARSHIP	
Grantee Relation	onship: NONE	
Property Descr	iption: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
I HA For Panerwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2012)

#### SCHEDULE Ó (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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

NORTHWEST SCHOLARSHIP FUND	20-3658877
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: Various	
Amount Given:	1,000.
<del></del>	

#### SCHEDULE Ó (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.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Name of the organization	NORTHWEST SCHOLARSHIP FUND	20-3658877
Grantee Relation	onship: NONE	
Property Descri	iption: CASH	
Date of Gift: V	Various	
Amount Given:		1,000.
Activity Classi	ification: SCHOLARSHIP	
Grantee Relation	onship: NONE	
Property Descri	iption: CASH	
Date of Gift: V	Various	
Amount Given:		1,000.
Total included	on Form 990-EZ, line 10	22,000.
	ort I, Line 16, Other Expenses: Other Expenses:	Amount:
LICENSES AND FE		40.
FOREIGN TAX FRO	OM INVESTMENTS	1.
Total to Form 9	990-EZ, line 16	41.
Form 990-EZ, Pa	art I, Line 20, Changes in Net Assets:	
Changes in Net	Assets or Fund Balances:	Amount:
UNREALIZED GAIN	ON INVESTMENTS	15,698.
	art III, Primary Exempt Purpose - TO RA	
KARATE AND ITS	AFFILIATE SCHOOLS LOCATED IN THE STATI	ES OF WASHINGTON,
OREGON AND IDAH	10.	<del></del>

#### 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.

Attach to Form 990 or 990-EZ.

2012 Open to Public .

Department of the Treasury Inspection Internal Revenue Service AMERICAN SHUDOKAN ASSOCIATION **Employer identification number** Name of the organization 20-3658877 NORTHWEST SCHOLARSHIP FUND Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Form 8868 (Rev. 1-2013)				Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check the	nis box	X		
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously	filed Form 8868.			
If you are filing for an Automatic 3-Month Extension, complete	te only Pa	art I (on page 1).				
Part II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origi	nal (no copies needed).			
		Enter filer	s identifying number, see inst	ructions		
Type or Name of exempt organization or other filer, see instru			Employer identification numb	er (EIN) or		
print AMERICAN SHUDOKAN ASSOCIATIO	ON		00 265007	-		
File by the NORTHWEST SCHOLARSHIP FUND 20-3658877						
due date for filing your return. See C/O DIETZEN & LAKEY PLLC - 3808 TIETON DRIVE ST2  Social security number (SSN)						
instructions City, town or post office, state, and ZIP code. For a form	oreign add	lress, see instructions.				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)		0 1		
				Return		
Application Is For	Return Code	Application Is For		Code		
Form 990 or Form 990-EZ	01	is For	am(X(e), / ( / / / / / /	Code		
Form 990-BL	02	Form 1041-A		08		
Form 4720 (Individual)	03	Form 4720		09		
Form 990-PF	04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-T (trust other than above)	06	Form 8870		12		
STOP! Do not complete Part II if you were not already granted			viously filed Form 8868.			
KARILEE MACK						
• The books are in the care of ▶ 2009 EVERGREEN	COUR!	r - YAKIMA, WA 989	002			
Telephone No. ► 509 698-4155		FAX No. ▶				
<ul> <li>If the organization does not have an office or place of business</li> </ul>	in the Ur	ited States, check this box				
• If this is for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN)	If this is for the whole group, ch	neck this		
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs o	of all members the extension is t	for		
	lovem	oer 15, 2013.				
5 For calendar year $2012$ , or other tax year beginning		, and endi		·		
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on: L Initial return	Final return			
Change in accounting period						
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO	CARI	HER THE INFORMATION	N NECESSARY TO	FILE		
A COMPLETE AND ACCURATE RETURN		HER THE INFORMATIO	N NECESSARI IU	E TTIE		
A COMPLETE AND ACCORATE RETORE						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	v 6060 a	nter the tentative tax less any				
nonrefundable credits. See instructions.	) 0003, <del>0</del>	inter the terrative tax, less any	8a S	0.		
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 alle			.,.4			
previously with Form 8868.	owed as e	torout and any amount paid	8b \$	0.		
c Balance due. Subtract line 8b from line 8a. Include your par	vment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instru	-		8c \$	0.		
		st be completed for Part II				
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp	-	<del>-</del>	lief,		
Signature ▶ Title ▶			Date			
			Form 8868 (Re	v. 1-2013)		