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Form 990-EZ

Extended to November 16, 2015 **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)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2014 calendar year, or tax year beginning		anı	l ending			
В	Check if applicab	C Name of organization				D Emplo	yer ide	ntification number
	_	dress change AMERICAN SHUDOKAN ASSOCIATION						
	Name	ochange NORTHWEST SCHOLARSHII				20	-36	58877
	Initial	return Number and street (or P O box, if mail is not de	livered to street address)		Room/suite	E Telep		
	⊤⊓Final	return/ 13 N 7TH AVENUE				50	9-6	98-4155
Ē	Amen	City or town, state or province, country, and ZIP	or foreign postal code			F Grou	Exem	ption
	٦ .	atton pending YAKIMA, WA 98902				Numi	oer 🕨	
G			pecify)			H Chec	k ▶[X If the organization is
		e: ► NONE	· · · · · · · · · · · · · · · · · · ·			not re	quired	to attach Schedule B
			I(c) () ◀(insert no)	4947()(1) or 527	1		90-EZ, or 990-PF)
		f organization X Corporation Trust	Association	Other		·		
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gi	oss receipts are \$200,000		total assets (Part	II,		
		n (B) below) are \$500,000 or more, file Form 990 instead of		·	,	>	\$	59,942.
	art I	Revenue, Expenses, and Changes in	Net Assets or Fun	d Balanc	es (see the instri	ictions fe	or Part I)
		Check if the organization used Schedule O to respond to			•			X
	1	Contributions, gifts, grants, and similar amounts received	 1 				1	20,168.
	2	Program service revenue including government fees and o	contracts			<u></u>	2	· · · · · · · · · · · · · · · · · · ·
	3	Membership dues and assessments					3	·····
	4	Investment income	Se	ee Sch	edule 0		4	10,230.
70	5a	Gross amount from sale of assets other than inventory		5a	29,5	44.		'
2	h	Less cost or other basis and sales expenses		5b	27,8			
2		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						1,744.
2	6							
ੂੰ ਤੋਂ		a Gross income from gaming (attach Schedule G if greater than						
2	-	\$15,000)		6a				
Revenue	b	Gross income from fundraising events (not including \$		of contrib	utions			
		from fundraising events reported on line 1) (attach Sched	ule G if the sum of such	_				
∋э ≕		gross income and contributions exceeds \$15,000)		6b				
	C	Less direct expenses from gaming and fundraising events	3	6c				
2015	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
· 37	7a	Gross sales of inventory, less returns and allowances		7a	•			
	b	Less cost of goods sold	D. L. 11. J.	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract lin	e.7b.from.line.7a)				7c	
	8	Other revenue (describe in Schedule O)	ומו				8	
	g	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 1	2 0 2015			▶ [9	32,142.
	10	Grants and similar amounts paid (list in Schedu <u>le O)</u>	ir Se	ee Sch	edule O		10	13,000.
	11	Renefite hald to or for members	25300 0053				11	
S	12	Salaries, other compensation, and employee benefits	≥ . = 1 V , U				12	
Expenses	13	Professional fees and other payments to independent con	tractors				13	680.
ĝ	14	Occupancy, rent, utilities, and maintenance					14	
Ω	15	Printing, publications, postage, and shipping	•				15	
	16	Other expenses (describe in Schedule O)	. Se	ee Sch	edule O		16	115.
	17	Total expenses. Add lines 10 through 16				_▶	17	13,795.
	18	Excess or (deficit) for the year (Subtract line 17 from line	9)				18	18,347.
Sets	19	Net assets or fund balances at beginning of year (from lin						
Ass		(must agree with end-of-year figure reported on prior yea					19	247,038.
Net Assets	20	Other changes in net assets or fund balances (explain in §		ee Sch	edule O		20	10,624.
	21	Net assets or fund balances at end of year Combine lines				<u>▶</u>	21	276,009.
LH	A For	Paperwork Reduction Act Notice, see the separate instru						Form 990-EZ (2014)

432171 12-15-14

Form 990-EZ (2014) NORTHWEST SCHOLARSHIP FUND

Pa	Balance Sheets (see the instructions for Part II)		-			
<u>. </u>	Check if the organization used Schedule O to res	pond to any ques				
			(A) Beginning of year	-		nd of year
22	Cash, savings, and investments	<u> </u>	247,038	$\overline{}$	-	276,009.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)		247,038	24		276 000
25	Total assets		247,036	-+-		276,009. 0.
26	Total liabilities (describe in Schedule 0)	•	247,038	- 26		276,009.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) Int III Statement of Program Service Accomplishmen	ts (see the instri		• 21	1	penses
	Check if the organization used Schedule O to res			X		for section
Wha	t is the organization's primary exempt purpose? See Schedule O	pond to any quot	stion in this i are in			and 501(c)(4) ons, optional for
Desc	nbe the organization's program service accomplishments for each of its three largest program		enses in a clear and concise		others)	nis, optional for
	er, describe the services provided, the number of persons benefited, and other relevant inform					
28	THE FUNDS RAISED IN 2014 FROM DONAT		URNAMENT			
	FEES ALLOWED THE ORGANIZATION TO PR					
	SCHOLARSHIPS TO 13 QUALIFYING COLLE				00-	12 705
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	<u> </u>	28a	13,795.
29						
						
	(Out to the control of the control o			$\overline{}$	200	
20	(Grants \$) If this amount includes foreign g	rants, cneck nere			29a	
30						
	·					
	(Grants \$) If this amount includes foreign g	rants check here			30a	
31	Other program services (describe in Schedule O)	iants, Check here		<u> </u>	304	
٠.	(Grants \$) If this amount includes foreign of	rants, check here	•		31 a	
32		rantoj oriodit nord			1	13,795.
	total program service expenses (add lines 20a tilrough 3 fa)				1321	10,120.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each o	one even if not compensated -	see the	32 nstructions for	
	art IV List of Officers, Directors, Trustees, and Key E		stion in this Part I\ (c) Reportable	/ (d) He	instructions for	
	art IV List of Officers, Directors, Trustees, and Key E	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont	e instructions for alth benefits, inbutions to oyee benefit	(e) Estimated amount of other
P	Check if the organization used Schedule O to res	pond to any ques (b) Average hours	(c) Reportable compensation (Forms	(d) He cont employens, plans,	einstructions for all the benefits, inbutions to	or Part IV) (e) Estimated
MC	Check if the organization used Schedule O to resched	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He cont employens, plans,	ealth benefits, nbutions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
MC PR	Check if the organization used Schedule O to res (a) Name and title RRIS MACK ESIDENT	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont employens, plans,	ealth benefits, nbutions to oyee benefit and deferred	(e) Estimated amount of other
MC PR KA	Check if the organization used Schedule O to resched	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He cont employens, plans,	ealth benefits, nbuttons to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
MC PR KA SE	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He cont employens, plans,	ealth benefits, nbutions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
MC PR KA SE RA	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to r	pond to any ques (b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He cont employens, plans,	ealth benefits, nbutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation 0.
MC PR KA SE RA	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He cont employens, plans,	ealth benefits, nbuttons to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
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Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the			X
		_	Yes	
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 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			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	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	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			
	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,"			
	complete applicable parts of Schedule N	36	,,,,,	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	┥		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	-		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
þ	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	1		
	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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed ► WA The organization's books are in care of ► KARILEE MACK Telephone no ► 509 69	ΩΛ	155	
42 a	· · · · · · · · · · · · · · · · · · ·	890		
		7090		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	T NI =
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	res	No X
	account)?	42b	 	<u> </u>
	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 Financial Accounts (FBAR)			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
G	If "Yes," enter the name of the foreign country	426	Ш.,	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and onter the united it tax exempt interest received or accorded during the tax year		<u>-</u>	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.00	···
	Form 990-EZ	44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 990-EZ	446		x
ŗ.	Did the organization receive any payments for indoor tanning services during the year?	440	 	$\frac{x}{x}$
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1		†
•	in Schedule O	440		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
-	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1	1
			990-EZ	(2014
				

AMERICAN SHUDOKAN ASSOCIATION Form 990-EZ (2014) NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? X 49a b if "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Health benefits, contributions to employee benefit (a) Name and title of each employee (b) Average hours (C) Reportable (e) Estimated ompensation (Forms W-2/1099-MISC) per week devoted to amount of other plans, and deferred position compensation NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a ► X Yes completed Schedule A 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 officer) is based on all information of which preparer has any knowledge Karilee Mack Sign Kavilce Mack - secretary - treasure Here

Paid Preparer Use Only Print/Type preparer's name

Karen A. Dietzen

Preparer's signature

Date

Check _____ if | I self- employed

P01371540

Firm's EIN $\triangleright 91 - 1942703$

Firm's name ➤ Dietzen & Lakey, P.L.L.

Firm's address ➤ 3808 Tieton Drive, Suite 2

Yakima, WA 98902

Phone no

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

Form 990-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Pa	rt I	Reason for Public C	harity Status (A	All organizations must co	mplete th	s part.) Se	e instructions.		
he	organi	zation is not a private founda	ation because it is: (For lines 1 through 11, c	heck only	one box.)			
1		A church, convention of chu	rches, or association	n of churches described	ın sectio	n 170(b)(1)(A)(i).		
2		A school described in section				, ,,			
3	$\overline{\Box}$	A hospital or a cooperative I		·	ction 170	(b)(1)(A)(ii	i).		
4	一	A medical research organiza	-				-	the hospital's name	
-		city, and state:		,					
5		An organization operated fo	r the benefit of a co	lege or university owned	d or operat	ed by a go	vernmental unit describ	ed in	
•		section 170(b)(1)(A)(iv). (C			- C. CPC	, u g.		00 m	
6									
7	Ħ	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). (Co	-	intial part of its support i	ioni a gov	ciriiiiciilai	unit or norm the general	public described in	
8		A community trust describe		1\/A\/vi\ (Complete Bod	- II V				
	X								
9		An organization that normal							
		activities related to its exem	-	<u>.</u>			• •	•	
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	ired by the organization	aπer June 30, 1975.	
10		See section 509(a)(2). (Con	•	valu to toot for public con	fatu Caa	ontion 50	00(-)(4)		
11	\vdash	An organization organized a An organization organized a	•	· ·	•			nurnance of one or	
• •	ш	more publicly supported org	•	=	•		•		
		lines 11a through 11d that of						HECK THE DOX III	
а		Type I. A supporting orga				•	•	alvina	
٥	L	the supported organization			-			• •	
		organization. You must c			inajonty (or the direc	ators or trustees or the s	apporting	
ь	. [Type II. A supporting orga			tion with it	s sunnorte	ad organization(s), by ha	vino	
-		control or management of					• ,,,	•	
		organization(s). You must			arie perse	nis triat co	milion of manage the sup	ported	
С		Type III functionally inte			in connec	tion with a	and functionally integrate	ad with	
·		its supported organization						with,	
d		Type III non-functionally		•		-	·	zation(s)	
_		that is not functionally into					· · · · =		
		requirement (see instructi						Vollega	
е		Check this box if the orga	· ·	-	•				
		functionally integrated, or							
f	Ente	er the number of supported of	* *)g					
a		vide the following information	-	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9 above or IRC section	listed i governing o		support (see	other support (see	
				(see instructions))	Yes	No	Instructions)	instructions)	
									
							_		
								_ 	
					<u> </u>				
					1				
					ļ				

		ections 170(b)(1)(A)(iv) and	

(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	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	-					
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					* **	
Ŭ	furnished by a governmental unit to						
	the organization without charge		1				
4	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 ction B. Total Support	<u></u>	1		1		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(4) 2012	(a) 2014	/A Total
	Amounts from line 4	(a) 2010	(b) 2011	(0) 2012	(d) 2013	(e) 2014	(f) Total
_	·						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources				-		
9	Net income from unrelated business						
	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 VI)			· · · · · ·			
	Total support. Add lines 7 through 10		1	<u> </u>		 	
	Gross receipts from related activities,			-		12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	
6-	organization, check this box and stor		voorto				<u> </u>
	ction C. Computation of Publ					T.A.I.	
	Public support percentage for 2014 (• •		column (f))		14	
	Public support percentage from 2013					15	%
16	a 33 1/3% support test - 2014. If the	-			14 is 33 1/3% or	more, check this bo	ox and
_	stop here. The organization qualifies		-				▶
ı	o 33 1/3% support test - 2013. If the	-			d line 15 is 33 1/39	% or more, check to	his box
	and stop here. The organization qual	• •					▶
17	a 10% -facts-and-circumstances tes	· ·	=				
	and if the organization meets the "fac					art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	-	▶∟
ı	o 10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, c	check this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	. The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs ►
	Schedule A (Form 990 or 990-FZ) 2014						

Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND

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
qualific under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, please comp	ete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010		(0) 2012	(u) 2010	(6) 2014	
•	membership fees received. (Do not						
	include any "unusual grants.")	30,612.	22,006.	34,858.	23,542.	20,168.	131,186.
2	Gross receipts from admissions,	00,0200		01,000	20/0120	20,200	101/1001
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
^	organization's tax-exempt purpose						
J	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		22 22	24 252		22.1.52	101 101
6	Total. Add lines 1 through 5	30,612.	22,006.	34,858.	23,542.	20,168.	131,186.
7 a	Amounts included on lines 1, 2, and					•	
	3 received from disqualified persons						0.
b	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						<u> </u>
c	: Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						131,186.
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	30,612.	22,006.	34,858.	23,542.	20,168.	131,186.
10a	Gross income from interest,	,			i		
	dividends, payments received on securities loans, rents, royalties	,					!
	and income from similar sources	7,845.	9,705.	12,023.	12,636.	13,082.	55,291.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b	7,845.	9,705.	12,023.	12,636.	13,082.	55,291.
	Net income from unrelated business	•	,	•	•		<u> </u>
	activities not included in line 10b,		Ì				
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	38,457.	31,711.	46,881.	36,178.	33,250.	186,477.
	First five years. If the Form 990 is for		· · · · · · · · · · · · · · · · · · ·			· 	
1-4		the organization's	nirst, second, third	i, iourtii, or iiitii ta	x year as a section	ii 50 i (c)(3) organiz	ation,
Sa	check this box and stop here ction C. Computation of Publi	ic Support Par	rentare				
	Public support percentage for 2014 (I			oluma (6)		15	70.35 %
				Olumn (i))	•	16	
	Public support percentage from 2013 ction D. Computation of Investigation					10	73.54 %
	·	*		o 13 column (f)		17	29.65 %
17	·	•	•	e 13, column (1))	•		
18	Investment income percentage from 2			تبالحمد 4.4 ممالم	1E 10 manus 41:	18	
198	33 1/3% support tests - 2014. If the	-					I / Is not ►X
	more than 33 1/3%, check this box at	<u>-</u>		· ·	• •		
t	33 1/3% support tests - 2013. If the	-					and
^^	line 18 is not more than 33 1/3%, che		•	•		•	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	i, or 196, check thi	s box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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 organization made the determination
- c 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 VIwhat controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			
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AMERICAN SHUDOKAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted 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? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b 」 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Ye<u>s</u> 2 Activities Test. Answer (a) and (b) below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

За

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

AMERICAN SHUDOKAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances 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 factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

AMERICAN SHUDOKAN ASSOCIATION Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) (ii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Amount for 2014** Pre-2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013e Excess from 2014

AMERICAN SHUDOKAN ASSOCIATION Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Description of Property:	Amount:
INTEREST INCOME	7,309.
DIVIDEND INCOME	2,462.
CAPITAL GAIN DISTRIBUTIONS	459.
Total Included on Form 990-EZ, line 4	10,230.
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	
Date of Gift: Various	
Amount Given:	1,000.

SCHEDULE 0 (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 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. AMERICAN SHUDOKAN ASSOCIATION

Inspection

Name of the organization	NORTHWEST SCHOLARSHIP FUND	20-3658877
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 Relati	onship: NONE	
Property Descr	ription: CASH	
Date of Gift:	Various	
Amount Given:		1,000.
Activity Class	sification: SCHOLARSHIP	
Grantee Relati	onship: NONE	
Property Descr	ription: CASH	
Date of Gift:	Various	
Amount Given:		1,000.

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.

OMB No 1545-0047 Open to Public

Employer identification number

Schedule O (Form 990 or 990-EZ) (2014)

Department of the Treasury Internal Revenue Service Name of the organization

432211 08-27-14

▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. AMERICAN SHUDOKAN ASSOCIATION

Inspection

NORTHWEST SCHOLARSHIP FUND 20-3658877 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 1,000. Amount Given: Activity Classification: SCHOLARSHIP Grantee Relationship: NONE Property Description: CASH

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

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 Open to Public

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

Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

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.
Total included on Form 990-EZ, line 10	13,000.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
LICENSES AND FEES	115.
Form 990-EZ, Part I, Line 20, Changes in Net Assets:	
Changes in Net Assets or Fund Balances:	Amount:
UNREALIZED GAIN ON INVESTMENTS	9,516.
RETURN OF PRINCIPAL	1,108.
Total to Form 990-EZ, line 20	10,624.
	
Form 990-EZ, Part III, Primary Exempt Purpose - TO RAISE F	UNDS AND
DISTRIBUTE COLLEGE SCHOLARSHIP FUNDS TO STUDENTS OF YAKIMA	SCHOOL OF
KARATE AND ITS AFFILIATE SCHOOLS LOCATED IN THE STATES OF	WASHINGTON,
OREGON AND IDAHO.	

SCHEDULE 0 (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 Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

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.