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# Form **990-EZ**

# Extended to November 15, 2017 **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

Open to Public Inspection

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.lrs.gov/form990.

$\overline{A}$	For the	e 2016 calendar year, or tax year beginning		and end	ina	-			
R	Check i	O Name of propagation	-			D Em	nlover ic	dentification number	
	7	ess change AMERICAN SHUDOKAN ASSOCIATION							
Ē	⊣ "	Name change NORTHWEST SCHOLARSHIP FUND 20-3658877							
Ē	$\neg$	Number and street (or P.O. box, if mail is not delivered to street addre	ess)		Room/suite		lephone r		
Ē	Final	return/ insted 2009 EVERGREEN COURT	ŕ				•	961-1459	
Ē		City or town, state or province, country, and ZIP or foreign postal coo	de			1	oup Exen		
Ē	_	ration pending YAKIMA, WA 98902					mber ►	·	
G		nting Method: X Cash Accrual Other (specify)						X If the organization is	
		te: NONE	***	· · · · · · · · · · · · · · · · · · ·		l		d to attach Schedule B	
		tempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(inser	t no.)	4947(a)(1)	or 527	1	•	990-EZ, or 990-PF).	
		of organization: X Corporation Trust Association		<u></u>	01 021	1	···· 550,	330 EZ, 01 330 TT J.	
		les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200			assets (Part	П		· · · · · · · · · · · · · · · · · · ·	
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200010 (1 411	,	<b>▶</b> \$	78,422.	
	art I	Revenue, Expenses, and Changes in Net Assets or	Fund	Balances	see the instri	uctions	for Part	(1)	
		Check if the organization used Schedule O to respond to any question in this		,				X	
	1	Contributions, gifts, grants, and similar amounts received	<u> </u>				1	12,362.	
	2	Program service revenue including government fees and contracts					2		
	3	Membership dues and assessments					3		
	4	Investment income	See	Sched	ule O		4	6,868.	
	5a	Gross amount from sale of assets other than inventory		5a	59,1	92.	h		
	Ь	Less: cost or other basis and sales expenses	F	5b	59,9		1		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)			-	5c	<774.	
	6	Gaming and fundraising events	,						
ø)	a	Gross income from gaming (attach Schedule G if greater than							
Ž		\$15,000)	!	6a					
Revenue	b	Gross income from fundraising events (not including \$	<u> </u>	of contributions	 3		1		
Œ		from fundraising events reported on line 1) (attaght Sebedule G if the sum of suc	ch						
		gross income and contributions exceeds \$15,000)	1	6ь					
	С	Less: direct expenses from gaming and fundral sing events		6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b.	and subtr	act line 6c)			6d		
	7 a	Gross sales of inventory less returns and allowances VVV 7	7 <i>9</i> //L	7a				· · · · · · · · · · · · · · · · · · ·	
	b	Less: cost of goods sold	/ð/ [	7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 2) from Ime Za)	\$\\  \$\\				7c		
	8	Other revenue (describe in Schedule 0)	<i>'\$\ </i>				8		
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	_//			<b></b>	9	18,456.	
	10	Grants and similar amounts paid (list in Schedule 0)	See	Sched	ule O		10	13,000.	
	11	Benefits paid to or for members					11		
es	12	Salaries, other compensation, and employee benefits					12		
Expenses	13	Professional fees and other payments to independent contractors					13	680.	
ă	14	Occupancy, rent, utilities, and maintenance					14		
ш	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule 0)	See	Schedi	ıle O		16	<u>3,424.</u>	
	17	Total expenses. Add lines 10 through 16		···		<b>&gt;</b>	17	<u> 17,104.</u>	
হ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	1,352.	
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
Net Assets		(must agree with end-of-year figure reported on prior year's return)					19	272,976.	
Se	20	Other changes in net assets or fund balances (explain in Schedule 0)	See	Schedu	ıle O		20	<u>11,718.</u>	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21_	<u> 286,046.</u>	
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions.						Form <b>990-EZ</b> (2016)	

Form 990-EZ (2016) NORTHWEST SCHOLARSHIP FUT	<u>1D</u>		20-	36588	377 Page:
Part II Balance Sheets (see the instructions for Part II)					<del></del>
Check if the organization used Schedule O to re-	spond to any questi	on in this Part II			
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		272,976	. 22	1	286,046
23 Land and buildings			23		
24 Other assets (describe in Schedule O)			24		
25 Total assets		272,976	$\rightarrow$		286,046
26 Total liabilities (describe in Schedule 0)		0			0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		272,976	_		286,046
Part III Statement of Program Service Accomplishme	nts (see the instruct	rions for Part III)	•   21		-
Check if the organization used Schedule O to res			v		xpenses   for section
What is the organization's primary exempt purpose? See Schedule (	spond to any question	Jir iii tilis rait lii	لما	501(c)(3)	and 501(c)(4)
				organizati others.)	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform	services, as measured by expens	es In a clear and concise		0111613.)	
		DATAMENTO		<u> </u>	
28 THE FUNDS RAISED IN 2016 FROM DONAT		RNAMENT			
FEES ALLOWED THE ORGANIZATION TO PE					
SCHOLARSHIPS TO 13 QUALIFYING COLLE			<del></del>		
(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	<u></u>	28a	13,000.
29					
	· .				
(Grants \$ ) If this amount includes foreign of	rants, check here			29a	
30					
(Grants \$ ) If this amount includes foreign of	rants, check here	<b>&gt;</b>		30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes foreign of	rants, check here	•		31a	
32 Total program service expenses (add lines 28a through 31a)				32	13,000.
D + D4   Liet of Office and Discrete Transfer and LK   E					
Part IV   List of Officers, Directors, Trustees, and Key E	mployees (list each one i	even if not compensated -	see the	instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	spond to any questic	even if not compensated -	see the i	instructions f	or Part IV)
Check if the organization used Schedule O to res	pond to any questic	on in this Part IV	' <del></del>		
Check if the organization used Schedule O to res	mployees (list each one is pond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms	(d) Hea	alth benefits, butions to	(e) Estimated
Check if the organization used Schedule O to res  (a) Name and title	pond to any question (b) Average hours	on in this Part IV	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated
Check if the organization used Schedule O to res	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK PRESIDENT	pond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK PRESIDENT KARILEE MACK	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK PRESIDENT KARILEE MACK SECRETARY TREASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK PRESIDENT KARILEE MACK SECRETARY TREASURER RANDY HOLEMAN	(b) Average hours per week devoted to position  5.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred bensation	(e) Estimated amount of other compensation  0.
Check if the organization used Schedule O to res  (a) Name and title  MORRIS MACK PRESIDENT KARILEE MACK SECRETARY TREASURER	(b) Average hours per week devoted to position  5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation  0.
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NORTHWEST SCHOLARSHIP FUND <u>20-3658877</u> Page 3 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  $\mathbf{X}$ Yes No 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 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) X 34 35a 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 N/A 35b 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 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 X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37b Х 38a 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? Х 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A 39a b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 . ; section 4912 ► 0. 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 X 40b 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 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. e 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 X 40e 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.  $\triangleright 509 961-1459$ Located at ► 2009 EVERGREEN COURT, YAKIMA, ZIP+4 ▶ 98902 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b c Did the organization receive any payments for indoor tanning services during the year? Х d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a b 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

Form 990-EZ (2016)

**Use Only** 

Phone no.

Yes Form 990-EZ (2016)

Firm's address ▶ 3808 Tieton Drive, Suite 2

Yakima, WA 98902

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

#### **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

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	Name of the organization AMERICAN SHUDOKAN ASSOCIATION Employer identification number								
	NORTHWEST SCHOLARSHIP FUND 20-3658877								
Pa	Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions								
The	The organization is not a private foundation because it is (For lines 1 through 12, check only one box)								
1		A church, convention	n of churches, or association	on of churches describe	d ın sectio	on 170(b)(	1)(A)(i).		
2		A school described i	n section 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ))			
3		A hospital or a coop	erative hospital service org	anization described in se	ection 170	D(b)(1)(A)(i	ii).		
4		A medical research of	organization operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state							
5		An organization oper	rated for the benefit of a co	ollege or university owner	d or opera	ited by a g	overnmental i	unit descril	oed in
		section 170(b)(1)(A	)(iv). (Complete Part II)						
6		A federal, state, or lo	ocal government or governr	mental unit described in	section 1	70(b)(1)(A)	)(v).		
7		An organization that	normally receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)	(vi). (Complete Part II)						
8		A community trust d	escribed in section 170(b)	(1)(A)(vi). (Complete Par	t II )				
9			rch organization described			ed in conju	unction with a	land-grant	college
			n-land-grant college of agric						
		university							
10	X	An organization that	normally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
			ts exempt functions · subje						
			d business taxable income					- ,	•
			2). (Complete Part III )	,			,	J	,
11		An organization orga	inized and operated exclus	avely to test for public sa	afety See	section 50	09(a)(4).		
12			inized and operated exclus					arry out the	purposes of one or
			rted organizations describe						
			d that describes the type of						
а		-1	ng organization operated, s						/ aivina
_			anization(s) the power to re						
			must complete Part IV, Se		,,				
b		~	ing organization supervised		tion with i	ts support	ed organizatio	on(s), by ha	ivina
_	_		ment of the supporting org						
			u must complete Part IV,		arrio poro	ono mar or	sitti Or Or iridine	ago tino our	pportog
С		<b>-</b>	Ily integrated. A supportin		in connec	tion with:	and functions	lly integrat	ed with
Ŭ			nization(s) (see instructions					my milograt	od with,
d		7	tionally integrated. A supp					rted organi	zation(s)
ŭ			ally integrated. The organiz						
			nstructions) You must con					u an attent	14611633
_			ne organization received a	•				II. Type III	
-	_		ated, or Type III non-function				r type i, type	ii, type iii	
	Ento	er the number of supp	• •	many integrated support	ing organi	zation			
			mation about the supporte	od organization(s)					
<u> </u>		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	Yes	No No	support (see in	•	1
				above (see instructions))	163	- 140			
		<del></del>			-				
						}			
-						<del></del>			
				<del></del>	<del></del>	-			
						]			
					<u> </u>				
						<del> </del>			

Schedule A (Form 990 or 990-EZ) 2016 NORTHWEST SCHOLARSHIP FUND 20-3658877 Page 2

Part II 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	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		1				
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				<del> </del>		
Ū	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)						
6	Public support. Subtract line 5 from line 4				<del> </del>		
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	L	<u> </u>	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4		1			(-)	(7)
8	Gross income from interest,				<del>                                     </del>		
•	dividends, payments received on	1					
	securities loans, rents, royalties						
	and income from similar sources			1		1	
9	Net income from unrelated business						
Ū	activities, whether or not the	1					
	business is regularly carried on						
10	Other income Do not include gain				<u> </u>		
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)		I	12	
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth t	ax vear as a section		
	organization, check this box and stop	J	,	, , , , , , , , , , , , , , , , , , , ,	,	(-)(-)	ightharpoons
Sec	ction C. Computation of Publi	c Support Pe	rcentage		<del></del>		
14	Public support percentage for 2016 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons
b	33 1/3% support test - 2015. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances test	: - <b>2016.</b> If the org	anization did not d	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check t	his box and <b>stop l</b>	h <b>ere.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances test	: - <b>2015.</b> If the org	anization did not d	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publ	icly supported org	anızatıon	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨

Schedule A (Form 990 or 990 EZ) 2016 NORTHWEST SCHOLARSHIP FUND

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	elow, please comp	lete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")	34,858.	23,542.	20,168.	21,375.	12,362.	112,305.
2 Gross receipts from admissions, 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		1				
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf				<del></del>		<del></del>
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	34,858.	23,542.	20,168.	21,375.	12,362.	112,305.
7a Amounts included on lines 1, 2, and	34,030.	23,342.	20,100.	21,3/3.	12,302.	
3 received from disqualified persons b Amounts included on lines 2 and 3 received						0.
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 7c from line 6) Section B. Total Support	<u>.</u> <u>.</u>					112,305.
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	34,858.	23,542.	20,168.	21,375.	12,362.	112,305.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,023.	12,636.	13,082.	11,770.	22,302	49,511.
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,023.	12,636.	13,082.	11,770.		49,511.
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)						
13 Total support (Add lines 9, 10c, 11, and 12)	46,881.	36,178.	33,250.	33,145.	12,362.	161,816.
14 First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	k year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						<b>▶</b> □
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2016 (liii	ne 8, column (f) dı	rided by line 13, co	olumn (f))		15	<u>69.40 %</u>
16 Public support percentage from 2015					16	67.31 %
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	<b>16</b> (line 10c, colum	n (f) divided by line	∋ 13, column (f))		17	30.60 %
18 Investment income percentage from 2	<b>015</b> Schedule A, F	Part III, line 17	• • •		18	32.69 %
19a 33 1/3% support tests - 2016. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	
more than 33 1/3%, check this box an b 33 1/3% support tests - 2015. If the	d stop here. The	organization qualif	ies as a publicly su	upported organiza	ation	$\triangleright x$
line 18 is not more than 33 1/3%, chec	•					<b>.</b>
20 Private foundation If the organization			·		-	

#### Schedule A (Form 990 or 990-EZ) 2016 NORTHWEST SCHOLARSHIP FUND

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

#### 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 VI** what 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 12a or 12b 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?
- 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 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 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).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b_		
İ	4c		
	_5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b 90 or 99	V) E7	2016
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Pa	rt IV   Supporting Organizations (continued)			A1.
44	Las the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?		<del>                                     </del>	
	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.	11b	<u> </u>	$\vdash$
	etion B. Type I Supporting Organizations	11c		
	Month of the second of the sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	1
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		1	
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	<u> </u>	<del>                                     </del>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ļ	
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		T -	
	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)	1		ļ
Sec	tion D. All Type III Supporting Organizations	·	-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
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)	2		
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			ł
	supported organizations played in this regard.	3_	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	ļ		
	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	ĺ		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
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	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporti		· · · · - · · · · · · · · · · · · · · ·	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructions.
other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	T (D) 0
Section A - Àdjusted 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	1		
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		···	
factors (explain in detail in Part VI)			
2 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-functional		ed Type III supporting ord	ganization (see
unotruotiono)	, ,	7. FFE 9 - 3	•

Part		(a)(3) Supporting Orga	anizations (continued)				
	D - Distributions			Current Year			
	nounts paid to supported organizations to accomplish exe						
2 Ar	Amounts paid to perform activity that directly furthers exempt purposes of supported						
or	organizations, in excess of income from activity						
3 Ac	dministrative expenses paid to accomplish exempt purpose	es of supported organization	ns				
4 Ar	mounts paid to acquire exempt-use assets						
5 Qı	ualified set-aside amounts (prior IRS approval required)						
<u>6</u> 01	ther distributions (describe in Part VI). See instructions						
7 To	otal annual distributions. Add lines 1 through 6						
8 D:	stributions to attentive supported organizations to which the	he organization is responsive	•				
(p	rovide details in Part VI) See instructions						
9 Di	stributable amount for 2016 from Section C, line 6						
10 Lii	ne 8 amount divided by Line 9 amount	· .					
Section	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1 D:	stributable amount for 2016 from Section C, line 6						
2 Ur	nderdistributions, if any, for years prior to 2016 (reason-						
ab	ole cause required- explain in Part VI) See instructions						
3 Ex	cess distributions carryover, if any, to 2016						
a							
b				<del></del>			
c Fr	om 2013						
d Fr	om 2014						
e Fr	om 2015						
f To	otal of lines 3a through e						
g Ar	oplied to underdistributions of prior years						
h Ar	oplied to 2016 distributable amount						
i _Ca	arryover from 2011 not applied (see instructions)						
j_Re	emainder Subtract lines 3g, 3h, and 3i from 3f		"				
4 Di:	stributions for 2016 from Section D,						
_lin	e 7. \$						
a Ap	oplied to underdistributions of prior years						
b Ap	oplied to 2016 distributable amount						
c Re	emainder. Subtract lines 4a and 4b from 4						
5 Re	emaining underdistributions for years prior to 2016, if			<del></del>			
an	y Subtract lines 3g and 4a from line 2 For result greater						
tha	an zero, explain in Part VI. See instructions						
6 Re	emaining underdistributions for 2016 Subtract lines 3h			<del></del>			
an	d 4b from line 1 For result greater than zero, explain in						
	art VI See instructions						
7 Ex	cess distributions carryover to 2017. Add lines 3						

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and 4c

Breakdown of line 7

b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

<u>Schedu</u> le A	(Form 990 or 990-E	Z) 2016 NORTH	<u>WEST</u> S	CHOLARS	HIP_FUND	)	<u>2</u> 0-36	58877 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	I Information. P , lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 6, and 8, and Part	rovide the e b, 4c, 5a, 6 B, Part IV, Se	explanations re , 9a, 9b, 9c, 11 ection E, lines	quired by Part I a, 11b, and 11d 1c, 2a, 2b, 3a, a	I, line 10, Part II, line c, Part IV, Section E and 3b; Part V, line	e 17a or 17b, Part II 3, lines 1 and 2, Part 1; Part V, Section B	I, line 12, IV, Section C, , line 1e, Part V,
	-(See instructions)							
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#### **SCHEDULE O**

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

Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Employer identification number 20-3658877

Schedule O (Form 990 or 990-EZ) (2016)

INTEREST INCOME	
	1,287.
DIVIDEND INCOME	4,981.
CAPITAL GAIN DISTRIBUTIONS	600.
Total Included on Form 990-EZ, line 4	6,868.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	

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

#### **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.

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.lrs.gov/form990. AMERICAN SHUDOKAN ASSOCIATION

Inspection

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

Schedule O (Form 990 or 990-EZ) (2016)

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

## **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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Employer identification number 20-3658877

Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Amount Given:	1,000.
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
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  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	3 , 424 . Schedule O (Form 990 or 990-EZ) (2016)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

NORTHWEST SCHOLARSHIP FUND

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.

Open to Public

**Employer identification number** 

20-3658877

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

Form 990-EZ, Part I, Line 20, Changes in Net Assets:	
Changes in Net Assets or Fund Balances:	Amount:
UNREALIZED GAIN ON INVESTMENTS	11,718.
Form 990-EZ, Part III, Primary Exempt Purpose - TO RAISE FUNDS	AND
DISTRIBUTE COLLEGE SCHOLARSHIP FUNDS TO STUDENTS OF YAKIMA SCH	OOL OF
KARATE AND ITS AFFILIATE SCHOOLS LOCATED IN THE STATES OF WASH OREGON AND IDAHO.	INGTON,
ONE CON THE IDIMO!	
Form 990-EZ, Part V, Information Regarding Personal Benefit Com	ntracts:
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.	