Form 990-EZ

Extended to November 15, 2018
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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning  B Check if applicable  Address change  Name change  Initial return  Final return  A For the 2017 calendar year, or tax year beginning  and ending  D Employer identification number  20-3658877  Room/suite  For the 2017 calendar year, or tax year beginning  D Employer identification number  20-3658877  Room/suite  For the 2017 calendar year, or tax year beginning  D Employer identification number  20-3658877	
Address change  Name change Initial return  Number and street (or P.O. box, if mail is not delivered to street address)  Name change Room/suite  Room/suite  Demployer definitiation infinites:  Demployer definitiation infinites:  AMERICAN SHUDOKAN ASSOCIATION  NORTHWEST SCHOLARSHIP FUND  20 – 3658877  Room/suite  Room/suite	
Name change Initial return Number and street (or P.O. box, if mail is not delivered to street address)  NORTHWEST SCHOLARSHIP FUND 20-3658877 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number	
Initial return Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite E Telephone number	
Final church	
I PINELIONIN I DODO ESTED CORDENT COSTOM	
terminated 2009 EVERGREEN COURT 509-961-1459	
Amended return City or town, state or province, country, and ZIP or foreign postal code	
Japplication pending YAKIMA, WA 98902 Number ►	
G Accounting Method: X Cash	IS
I Website: ► NONE not required to attach Schedule B	
J Tax-exempt status (check only one) — $\mathbf{X}$ 501(c)(3) $\mathbf{\Box}$ 501(c) ( ) $\mathbf{\triangleleft}$ (insert no.) $\mathbf{\Box}$ 4947(a)(1) or $\mathbf{\Box}$ 527 (Form 990, 990-EZ, or 990-PF).	
K Form of organization: X Corporation Trust Association Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	5.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I	X
1 Contributions, gifts, grants, and similar amounts received 1 17, 26	_
2 Program service revenue including government fees and contracts 2	<del>-</del> -
3 Membership dues and assessments 3	
4 Investment income See Schedule O 4 7,57	6
5a Gross amount from sale of assets other than inventory 5a 59,607.	•
b Less: cost or other basis and sales expenses  5b 56,927.	
	Λ
	<u> </u>
a Gross income from gaming (attach Schedule G if greater than	
\$15,000)  b Gross income from fundraising events (not including \$ of contributions	
b Gross income from fundraising events (not including \$	
from fundraising events reported on line 1) (attach Schedule G if the sum of such	
gross income and contributions exceeds \$15,000)	
c Less: direct expenses from gaming and fundraising events	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  6d	
7a Gross sales of inventory, less returns and allowances 7a	
b Less; cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe in Schedule O) RECENTIFICATION 8	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED   8   8   8   8   9   27, 51	
10 Grants and similar amounts paid (list in Schedule 0) See Schedule 0 10 17,00	<u>0.</u>
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  NOV 19 2018	
2 Salaries, other compensation, and employee benefits 2	
13 Professional fees and other payments to independent confractors EN LIT	0.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors III 13 68 14 Occupancy, rent, utilities, and maintenance	
15 Printing, publications, postage, and shipping	
16 Other expenses (describe in Schedule O)  See Schedule O  16 3,27	2.
17 Total expenses Add lines 10 through 16	_
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
19 Net assets or fund balances at beginning of year (from line 27, column (A))	Ť
(must agree with end-of-year figure reported on prior year's return) 19 286,04	6.
Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  See Schedule 0  20  29,09	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	
LHA For Paperwork Reduction Act Notice, see the separate instructions  Form 990-EZ (20)	

Forn	n 990-EZ (2017) NORTHWEST SCHOLARSHIP FUN	ID			<u> 20-</u>	<u> 36588</u>	<u> </u>	Page 2
Pa	art III Balance Sheets (see the instructions for Part II)							
	Check if the organization used Schedule O to res	spond to any que	estion in	this Part II				
			(A) Beg	ginning of year		(B) (	nd of yea	r
22	Cash, savings, and investments			286,046	. 22		321,	706.
23	Land and buildings				23			
24	Other assets (describe in Schedule O)			<u> </u>	24			
25	Total assets			286,046	. 25		321,	706.
26	Total liabilities (describe in Schedule 0)			0	. 26			0.
27				286,046	. 27		321,	706.
Pa	art III' Statement of Program Service Accomplishmen	nts (see the inst	ructions	for Part III)	•	E:	xpenses	
	Check if the organization used Schedule O to res	spond to any que	estion ın	this Part II	I X	(Required	for section	
Wha	at is the organization's primary exempt purpose? See Schedule O					501(c)(3) organizati		
	abe the organization's program service accomplishments for each of its three largest program		expenses in a	clear and concise		others.)	ono, optio	ilai ioi
	ner, describe the services provided, the number of persons benefited, and other relevant inform							
28	THE FUNDS RAISED IN 2016 FROM DONAT	IONS AND T	OURNA	MENT				
	FEES ALLOWED THE ORGANIZATION TO PR	OVIDE \$1,0	00			i l		
	SCHOLARSHIPS TO 17 QUALIFYING COLLE							
	(Grants \$ ) If this amount includes foreign g			<b></b>		28a		
29		· ·						
	(Grants \$ ) If this amount includes foreign g	rants, check here		<b>•</b>		29a		
30		,						
	(Grants \$ ) If this amount includes foreign g	rants, check here	-	<b>•</b>	$\Box$	30a		
	7		_			1000		
	Other program services (describe in Schedule O)							
	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign of	rants check here				312		
	(Grants \$ ) If this amount includes foreign g	grants, check here				31a		0.
32	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)		ch one even if n	ot compensated -	see the	32	or Part IV)	0.
32	(Grants \$ ) If this amount includes foreign grant program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each				32	or Part IV)	0.
32	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)	mployees (list each	estion in	this Part IV	/	32 Instructions		
32	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res	mployees (list each	estion in	this Part IV  C) Reportable pensation (Forms	(d) He	32	or Part IV)  (e) Esti	mated
32	(Grants \$ ) If this amount includes foreign grant program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each pond to any que (b) Average hour	estion in	this Part IV	(d) He contraction	alth benefits, ributions to byee benefit and deferred	(e) Esti	mated of other
32 Pa	(Grants \$ ) If this amount includes foreign gart IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title	mployees (list each pond to any que (b) Average hour per week devoted	estion in	this Part IV  C) Reportable pensation (Forms 2/1099-MISC)	(d) He contraction	32 instructions to alth benefits, ributions to byee benefit	(e) Esti	mated of other
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32 Pa KA VI	(Grants \$ ) If this amount includes foreign grant includes foreign g	mployees (list each pond to any que (b) Average hour per week devoted	estion in	this Part IV  C) Reportable pensation (Forms 2/1099-MISC)	(d) He contraction	alth benefits, ributions to byee benefit and deferred	(e) Esti	mated of other
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Form 990-EZ (2017) NORTHWEST SCHOLARSHIP FUND 20-36588/17 Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			,,
34	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		X
J-7	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
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	34		
	on lines 2, 6a, and 7a, among others)?	35a		х
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/	
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		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the expenditure of the Form 1100 POL for this year?			:
	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b		X
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	002		
39	Section 501(c)(7) organizations. Enter.			· '
a	Initiation fees and capital contributions included on line 9			
b	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 .			
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	406		v
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	40b		<u> </u>
٠	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	•		
	by the organization   0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-	_	
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u> _
41 40 -	List the states with which a copy of this return is filed  WA  The construction to be less across and the MARTINEE MACK.	1 1	450	
42 a	The organization's books are in care of $\blacktriangleright$ KARILEE MACK  Located at $\blacktriangleright$ 2009 EVERGREEN COURT, YAKIMA, WA  Telephone no. $\blacktriangleright$ 509 96			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	030	4	
•	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		<u>X</u>
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	43	N/A		
	·	[	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		,	
	Form 990-EZ	44a		<u>X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	• -		
	of Form 990-EZ	44b		<u>X</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>X</u>
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," rpvide an eplanation in Schedule O			,
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	704	$\neg$	
_	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 (2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

AMERICAN SHUDOKAN ASSOCIATION Employer identification number NORTHWEST SCHOLARSHIP FUND 20-3658877 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2017 NORTHWEST SCHOLARSHIP FUND 20-36588 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 in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					,	
2	Tax revenues levied for the organ-	<u>.</u>					
	ization's benefit and either paid to	\		•			
	or expended on its behalf						
3	The value of services or facilities						<del></del>
	furnished by a governmental unit to						
	the organization without charge				1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			İ			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				İ		
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support					<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			]			
	dividends, payments received on			İ	\	\	
	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						<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<u></u>		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2017 (li		•	column (f))		14	<u>%</u>
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2017. If the o	•			14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies a		-				▶□
b	33 1/3% support test - 2016. If the o				l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qualit						▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	•	rt VI how the organ	nization
	meets the "facts-and-circumstances"			•	-		
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets th				- ·		. —
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17t			
	Schedule A (Form 990 or 990-EZ) 2017						

Schedule A (Form 990 or 990 EZ) 2017 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

Se	ction A. Public Support	siow, piease comp	dete Fait II )		<del> </del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	23,542.	20,168.	21,375.	12,362.	17,262.	94,709.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,312.	207100.	21,3/3	12,302.	17,202.	<u> </u>
3	Gross receipts from activities that are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5	23,542.	20,168.	21,375.	12,362.	17,262.	94,709.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					:	0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						94,709.
Sec	ction B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in) ▶ [	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	23,542.	20,168.	21,375.	12,362.	17,262.	94,709.
าบล	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,636.	13,082.	11,770.	6,868.	7,576.	51,932.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	12,636.	13,082.	11,770.	6,868.	7,576.	51,932.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	36,178.	33,250.	33,145.	19,230.		146,641.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	1 501(c)(3) organiza	ation,
Sac	check this box and stop here ction C. Computation of Publi	c Support Por					
	Public support percentage for 2017 (li			olumn (fl)		45	64.59 %
	Public support percentage from 2016			Juli III (1))		15	64.59 % 69.40 %
_	tion D. Computation of Inves					10 1	09.40 %
	Investment income percentage for 20			e 13, column (f))		17	35.41 %
18	Investment income percentage from 2	016 Schedule A, F	Part III, line 17	. ,,,,	Ţ	18	30.60 %
19a	a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the		_		• •		<b>▶</b> □
-	line 18 is not more than 33 1/3%, check						<b>▶</b> 🗓
20_	Private foundation. If the organization		• -	· ·		•	

### 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 F. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

### $\overline{\mathbf{s}}$

Sec	tion A. All Supporting Organizations		V	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing	_	Yes	No
•	documents? If "No," estcribe in Part VI how the supported organizations are designated if designated by	•		
	class or uppose, describe the designation of instoric and ontinuing relationship, eplain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>- ' -</del>	<del> </del>	
_	under section 509(a)(1) or (2)? If "Ye," eplain in Part VI low the organization determined that the supported			
	organization was estribed n setion \$9(a)(1) or2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Ye," aswer		-	
-	(b) and ¢) below	3a	-	-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		
_	satisfied the public support tests under section 509(a)(2)? If "Ye," escribe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_ 00		
Ĭ	purposes? If "Ye," explain in Part VI what ontrols the organization put in place to esure such se.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 50		
	"Yes," and fi you becked 2a or 2b n Part , I aswer (4) below	- 4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
_	supported organization? If "Ye," escribe n Part VI low like organization lad such ontrol and escretion			
	despite being ontrolled or spervised by orni onnection with its supported organizations	4b	-	-
С	Did the organization support any foreign supported organization that does not have an IRS determination	10		
_	under sections 501(c)(3) and 509(a)(1) or (2)? fl "Ye," splain in Part VI what ontrols the organization sed		i i	
	to essure that all support to the foreign supported organization was seed exclusively for scenor 70(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye,"			
	answer (b) and (c) below if applicable). Also, provide detail in Part VI, including if the names and EN			
	numbers of he supported organizations added, substituted, or neoved, ii) he resons for amen such abon,			
	(III) he authority under he organization's organizing obcument authorizing such auton, and I/I) how he auton			
	was acomplished such as yo amedment of the organzing obcument).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		1	
	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 "Ye," povide detail n			
	Part VI.	6		
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 "Ye," omplete Part I of Shedule LIform 90 or 900-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77			
	if "Ye," omplete Mart I of Shedule Liform 90 or 900-EZ)	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		li	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		.	
	In section 509(a)(1) or (2))? If "Ye," povide detail n Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? fl "Ye," povide detail n Part VI.	9b		
С	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 "Ye," povide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

10b

supporting organizations)? fl "Ye," aswer 0b below

determine whither the organization and access business bildings)

b Did the organization have any excess business holdings in the tax year? (Use &hedule C, Form720, ø

# AMERICAN SHUDOKAN ASSOCIATION Schedule A (Form 990 or 990 EZ) 2017 NORTHWEST SCHOLARSHIP FUND

Sche	edule A (Form 990 or 990 EZ) 2017 NORTHWEST SCHOLARSHIP FUND	20-36588	77 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 "Ye" of a, ,bor ,c povide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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," estcribe in Part VI bow line supported organization(s) effectively operated, supervised, or			
	controlled the organization's advities if the organization and more than one supported organization,			
	describe how the powers of appoint and/or remove directors or rustees were abcated among the supported			
	organizations and what conditions or serictions, fi and, and lied to such powers during the aix year			
2	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 "Ye," epiain n			
	Part VI how poviding such benefit arried on the purposes of he supported organization(s) that operated,			
	supervised, or antrolled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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," escribe n Part VI how ontrol			
	or management of he supporting organization was need in the same persons that ontrolled or managed			١,
	the speported organization(s)	1		
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		4	
	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		
-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? fl "No," xplain n Part VI bw			1
	the organization mantained a losse and ontinuous 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	<u> </u>		
	income or assets at all times during the tax year? If "Ye," escribe in Part VI the rost the organization's			
	supported organizations played in his regard.	3		-
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the tox next of the method that the organization need of satisfy the thitegral fairt. Tet offring the yetsee ins	tructions).		
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.			
С	The organization supported a governmental entity. Describe n Part VI low you supported a government etc.	ty ≰ee nstructioi	ns)	
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 "Ye," then n Part VI identify			
	those supported organizations and explain low these advities directly futhered their gempt purposes,			
	how the organization was sponsive to those supported organizations, and tow the organization determined			
	that beese abvities onstituted substantially all ofts abvities	2a	1	. ,
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? ff "Ye," aplain in Part VI the	ļ		
	reasons for he organization's position that its supported organization(s) would have egaged in these			
	activities but for he organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		+	
	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	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
_	of its supported organizations? If "Ye," elscribe in Part VI the rost played by the organization in this regard	3b		

	dule A (Form 990 or 990 EZ) 2017 NORTHWEST SCHOLARSHIP F			20-3658877 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u>, ,                                  </u>	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	-	
е	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		<u>.                                    </u>
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		
Sect	ion 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	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

	dule A (Form 990 or 990 EZ) 2017 NORTHWEST SCH		anizations (continued)	0-3658877 Page 7
Sect	on D - Distributions	<del></del>		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	•		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	<del>-</del>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a	į			
b	From 2013			
c	From 2014			
d	From 2015			
<u>         e</u>	From 2016			
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
1_	Carryover from 2012 not applied (see instructions)	•		
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			·
<u>b</u>	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			,
	any Subtract lines 3g and 4a from line 2 For result greater			,
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7		,_,_,_	
	Excess from 2013			
	Excess from 2014		- <del></del>	
	Excess from 2015	_		
	Excess from 2016			
_	Excess from 2017	1		l .

Schedule A (Form 990 or 990-EZ) 2017

# AMERICAN SHUDOKAN ASSOCIATION Schedule A (Form 990 or 990-EZ) 2017 NORTHWEST SCHOLARSHIP FUND

Schedule A	Form 990 or 990-EZ) 2017 NORTHWE	ST SCHOLARSHII	FUND	20-3658877 Page 8
Part VI	Supplemental Information. Prov Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3; F Section D, lines 5, 6, and 8, and Part V, 5 (See instructions)	ride the explanations require 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 Part IV. Section E, lines 1c, 2	d by Part II, line 10, Part II, line 17a Ib, and 11c; Part IV, Section B, lines a. 2b. 3a, and 3b, Part V, line 1, Par	or 17b; Part III, line 12, s 1 and 2, Part IV, Section C, t V. Section B. line 1e, Part V
		-		
_				

# 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN SHUDOKAN ASSOCIATION NORTHWEST SCHOLARSHIP FUND

Employer identification number 20-3658877

Description of Property:	Amount:
INTEREST INCOME	1,348.
DIVIDEND INCOME	5,541.
CAPITAL GAIN DISTRIBUTIONS	687.
Total Included on Form 990-EZ, line 4	7,576.
Form 990-EZ, Part I, Line 10, Grants and Similar Amount	ts Paid:
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	

Schedule O (Form 990 or 990-EZ) (2017)	, Dans 1
Name of the organization AMERICAN SHUDOKAN ASSOCIATION	Page 2  Employer identification number
NORTHWEST SCHOLARSHIP FUND	20-3658877
Property Description: CASH	
Amount Given:	1,000.
	<u> </u>
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:	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Amount Given:	1,000.

Grantee Relationship: NONE

Property Description: CASH

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AMERICAN SHUDOKAN ASSOCIATION	Employer identification number
NORTHWEST SCHOLARSHIP FUND	20-3658877
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.	
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