DLN: 93493133033265

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047 **2014**

Open to Public Inspection

A Fo	r the 2	014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
	eck ıf ap	THE DETLET SCHREMPT FOUNDATION		D Employ	yer id	lentification number
☐ Add	tress cha	nge		91-17	235	26
Na	me chan	Doing business as				
☐ Init	ıal returr			E Telepho	ne nu	mber
Fin ret	al urn/term	Number and street (or P O box if mail is not delivered to street address) Room/suit 1904 THIRD AVENUE SUITE 339	9	(206)		
┌ Am	ended re	cturn City or town, state or province, country, and ZIP or foreign postal code				
Г Арг	olication	SEATTLE, WA 98101 pending		G Gross re	eceipts	s \$ 1,570,893
		F Name and address of principal officer	H(a) Is th	e a droup	ratur	rn for
		NICOLE MORRISON		dinates?	, ccu	┌ Yes 🗸 No
		1904 THIRD AVENUE SUITE 339 SEATTLE,WA 98101	H(b) Are a	II oubordu		s
			inclu		iates	s j tesj No
I Ta	x-exemp	ot status	If "N	o," attach	a list	t (see instructions)
J W	ebsite:	► WWW DETLEF COM	H(c) Grou	p exempti	on n	umber ►
K For	n of orga	anization ✓ Corporation ← Trust ← Association ← Other ►	L Year of fo	rmation 199	96 1	M State of legal domicile
	- A T	C	•			WA
Ра	rt I	Summary				
	1	riefly describe the organization's mission or most significant activities HE DETLEF SCHREMPF FOUNDATION SUPPORTS CHARITIES PROVIDING	ASSISTAN	CE TO YO	υтн	AND FAMILIES IN
	1	HE GREATER SEATTLE AREA SINCE FORMATION THE FOUNDATION HAS				
æ	<u>c</u>	HARITIES				
Ě	-					
Ē	-					
Governance	2 C	heck this box 🖛 if the organization discontinued its operations or disposed of	more than 2	5% of its	net a	assets
						1
Activities &		umber of voting members of the governing body (Part VI, line 1a)			3	
乭		umber of independent voting members of the governing body (Part VI, line 1b)			4	
	1	otal number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	
-		otal number of volunteers (estimate if necessary)			6	440
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
	B N	et unrelated business taxable income from Form 990-T, line 34	1		7b	
	8	Contributions and grants (Part VIII, line 1h)	Prio	r Year 669,8	77	Current Year 853,588
9	9	Program service revenue (Part VIII, line 2g)		003,0	''	0 0 0 0 0 0
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			6	<u></u>
Æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,4		59,255
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	42	12)		697,2	_	912,849
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		447,5	ν Σ Ι	487,515
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		263,6	71	
\$	1.5.	5-10)		203,0	′′	278,995
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
Д	b			24.0	16.0	20.412
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,8	-	20,412
	18 19	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		733,1	-	786,922
- or	129	Revenue less expenses Subtract line 18 from line 12	Beginning	-35,8 of Currer	-+	125,927
Net Assets or Fund Balances				ear		End of Year
35.4 <u>5.</u>	20	Total assets (Part X, line 16)		127,7	88	253,715
4 P	21	Total liabilities (Part X, line 26)				0
黑罩	22	Net assets or fund balances Subtract line 21 from line 20		1277		252.715
Pai	rt II	Signature Block				
Unde	r penal	ties of perjury, I declare that I have examined this return, including				

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer

NICOLE MORRISON EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name
PATRICK M O'ROURKE CPA

Firm's name PATRICK O'ROURKE CPA

Preparer's signature PATRICK M O'ROURKE CPA

Firm's address ► 11 - 2ND STREET NE 107

WASHINGTON, DC 20002

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

4d Other program services (Describe in Schedule O) (Expenses \$

Total program service expenses ►

including grants of \$

524,220

) (Revenue \$

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
L O	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \footnote{M}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 15		. 63	1.40
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	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 account)?	4a		N
h	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
	Describes a second seco	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).		- 	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		l _N
d	If "Yes," indicate the number of Forms 8282 filed during the year	"		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
)a	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
r	In which the organization is licensed to issue qualified health plans	1		
_	130	1	<u> </u>	l I n
حا	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1/1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a rec	chance or no	ote to any	line in th	c Dart V/I								J
Check if Schedule O	Contains a res	sponse or no	ote to any	iiiie iii tiii	2 Lair AT			•	•	 		•	.,,*

<u> 5</u> e	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	levenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►NICOLE MORRISON

1904 THIRD AVENUE SUITE 339

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) NICOLE MORRISON EXECUTIVE DI	40 00	х		х				94,020	0	0	
(2) CHRIS LEVITT VICE PRESIDE	20 00	х		х				57,420	0	0	
(3) DETLEF SCHEMPF PRESIDENT	10 00	Х		х				0	0	0	
(4) MARI SCHREMPF VICE PRESIDE	10 00	Х		х				0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►		
С	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	►	151,440	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	ındıvıdual	4		Νo				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for							
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo				

Section	R In	dene	ndent	Contra	actors
Section	D. 11	Iuebe	HUCHL	COILLI	166013

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(D)	
Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part V	7111	Statement o						
		Check if Schedi	ule O contains a respor	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants unts	1a b	Federated camp Membership du						
E	С	Fundraising eve	ents 1c	843,255				
iifts, ar 4	d	Related organiz	zations 1d					
s, G imil	e	Government grants	s (contributions) 1e					
tion sr S	f	All other contribution	ons, gifts, grants, and 1f	10,333				
ig ig	g	Noncash contribution	ons included in lines	161,521				
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f		853,588			
an				Business Code				
Program Serwce Revenue	2a b	_						
₽	c		_					
er w	d							
S ⊆	e							
ogra	f	All other progra	am service revenue					
<u></u>	g		s 2a-2f					
	3		ome (including dividend ar amounts)		6			6
	4	Income from inves	stment of tax-exempt bond					
	5	Royalties	(1) Papi	(u) Parsanal				
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	74	from sales of assets other than inventory	34,013					
	b	Less cost or other basis and sales expenses	34,013					
	c d	Gain or (loss) Net gain or (los	[
		Gross income f	rom fundraising					
Other Revenue		of contributions	; <u>,255</u> s reported on line 1c)					
ŗ.		See Part IV, lin	ne 18 a	683,286				
the	ь	Less direct ex	penses b	624,031				
0	C		(loss) from fundraising	events 🕦	59,255			59,255
	9a		rom gaming activities ne 19 a					
	l		penses b					
		Gross sales of returns and allo		vities				
		and and	a					
	l	_	oods sold b	n to riv		ı		
	<u> </u>	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a							
	ь							
	C							
	d	All other reven		▶				
	12	Total revenue						
	**	iotai revenue.	See Instructions	•	912,849			59,261

	990 (2014)				Page 10
	Statement of Functional Expenses	- Ll L		-1-6	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	_			
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	l (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	487,515	487,515		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	151,440	14,103	9,402	127,935
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	109,463	16,419	10,946	82,098
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,092	2,714	1,809	13,569
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,150		1,150	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,907	211	141	2,555
12	Advertising and promotion				
13	Office expenses	5,435	1,670	1,964	1,801
14	Information technology				
15	Royalties				
16	Occupancy	8,370	1,255	837	6,278
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,222	333	222	1,667
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	328		328	
a	of line 25, column (A) amount, list line 24e expenses on Schedule O)				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	786,922	524,220	26,799	235,903
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet
	Check if Schedule O

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	106,295	1	233,216
	2	Savings and temporary cash investments	20,493	2	20,499
	3	Pledges and grants receivable, net	r	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		-	
elecch Models	_			6	
ŝ	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	ь	Part VI of Schedule D Less accumulated depreciation		100	
	11	Investments—publicly traded securities	1,000	11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related See Part IV, line 11		13	
	14			14	
		Intangible assets			
	15	Other assets See Part IV, line 11	127,788	15	253,715
	16	Total assets. Add lines 1 through 15 (must equal line 34)	127,700	16 17	255,715
	17	Accounts payable and accrued expenses			
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities			
တ လ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>e</u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete	,		
ካ ጋ		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	127,788	27	253,715
3	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
) n	30	Capital stock or trust principal, or current funds		30	
į	31	Paid-in or capital surplus, or land, building or equipment fund		31	
H335613	32	Retained earnings, endowment, accumulated income, or other funds		32	
- ม์	33	Total net assets or fund balances	127,788	33	253,715
	i				·

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

За

3b

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As Filed Data -

DLN: 93493133033265

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE DETLEF SCHREMPF FOUNDATION

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

							91-1723526	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organıza	tions must co	mplete this p	oart.) See instruction	ons.
The c	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	_
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1))(A)(iii).	
4	Γ	A medical research or		rated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii). Enter the
_	_	hospital's name, city,		C. C. II				
5	ı	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in
6	г	section 170(b)(1)(A)(A federal, state, or loc			described in se	ection 170(b)(1	1)(A)(v).	
7	<u> </u>	An organization that n	_	-				ieneral nublic
•	_	described in section 1				om a governme	sincar aims or morn the g	jenerar public
8	Г	A community trust des	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Г	An organization that n	ormally receiv	es (1) more than 331	l/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ın	come and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organi	zatıon after Ju	ne 30, 1975 See sec	tion 509(a)(2).	. (Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).	
a b c d	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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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.					on 509(a)(3). Check If, and 11g Ily by giving the supporting by having control or organization(s) You grated with, its		
		(see instructions) You	_		•	•		
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
f		integrated, or Type III						
-		Enter the number of su Provide the following i						
g		r lovide the following i	illorillation abt	out the supported orga	iiiizacioii(s)			
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the org listed in your docume	governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
				modiactions,,	Yes	No		
					163	140		
Tota								

Schedule A (Form 990 or 990-EZ) 2014 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not 342,391 520,633 541,441 669,877 853,588 2,927,930 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 342,391 520,633 541,441 669,877 853,588 2,927,930 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 408,701 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 2,519,229 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 342,391 520,633 541,441 669,877 853,588 2,927,930 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 187 210 and income from similar sources Net income from unrelated business activities, whether or 166,647 170,705 186,623 26,410 58,255 608,640 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 through 11 3,536,780 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 71 230 % Public support percentage for 2013 Schedule A, Part II, line 14 15 72 940 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. 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

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ 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.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection 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," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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," 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		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493133033265

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

tema	I Revenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.irs</u>	s.gov/form990 <mark>.</mark>	Inspection
	me of the organ			Employer identifi	cation number
THE	E DETLEF SCHREMPF	F FOUNDALION		91-1723526	
Pa		izations Maintaining Donor Adv			ts. Complete if the
	organiz	zation answered "Yes" to Form 990		1 (1) 5 1	
•	Takal musahan a	and of your	(a) Donor advised funds	(b) Funds an	d other accounts
L	Total number a	•			
<u> </u>		ue of contributions to (during year)			
3		ue of grants from (during year)			
		ue at end of year		<u> </u>	
•	funds are the o	zation inform all donors and donor advisc organization's property, subject to the or	ganızatıon's exclusive legal control?		┌ Yes ┌ No
5	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			┌ Yes ┌ No
Pai	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	o Form 990, Part	IV, line 7.
L 2	Preservation Preservation	conservation easements held by the orga on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	historically importa certified historic stru the form of a conserv	ucture
		he last day of the tax year	·		
				Held at ti	he End of the Year
a		of conservation easements		2a	
b	-	restricted by conservation easements		2b	
C		servation easements on a certified histo	` ′	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
;	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization	n during
	the tax year 🟲	·			
	Number of stat	tes where property subject to conservati	on easement is located ►		
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of violations, a	nd Yes No
	Staff and volun	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	nents during the yea	ar
		enses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year	
		nservation easement reported on line 2(c	i) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)	Yes No
	In Part XIII, d balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		
ar	t IIII Organ	lizations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures,	or Other Simila	r Assets.
a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar assede, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education, o	or research in furthe	
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to theso	ts held for public exhibition, education,		
	(i) Revenue in	cluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X			
	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS			
а	_	ded in Form 990, Part VIII, line 1		► \$	
ь	Accete include	ad in Form 990 Part V		L ¢	

Par	Organizations Maintaining Co	ollections of Art	t, His	tori	cal Tr	easur	es, or O	the	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	hecka	any of t	the follo	wing that a	re a	significant use	of its	
a	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ain ho	w the	/ furthe	r the or	ganızatıon	's ex	empt purpose	.n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than									┌ Yes	┌ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	Y" b	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing t	able		Г		Α		
_	Barrage I alama						-	1c	Ап	nount	
c d	Beginning balance						H	1d			
e	Additions during the year						-	1e			
f	Distributions during the year						-	1f			
2a	Ending balance Did the organization include an amount on F	orm 990 Dart V lin	71 م	for as	crows	rcusto	L		hility?	┌ Yes	
_									·		_ \
b Da	If "Yes," explain the arrangement in Part XI Endowment Funds. Complete									<u> </u>	
Fa	Endowment Funds. Complete	(a)Current year)Prior					Three years back	(e)Four y	ears back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships							\vdash			
e	Other expenditures for facilities										
	and programs							_			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g,	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held	d and ad	ministered	for	the	Yes	No
	(i) unrelated organizations								3a(140
	(ii) related organizations								3a(
b	If "Yes" to 3a(II), are the related organization	ons listed as require	d on S	Sched	ule R?				31	5	
4	Describe in Part XIII the intended uses of t										
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		the o	rgan	ızatıor	n answ	ered 'Yes	' to	Form 990, Pa	ırt IV, lı	ine
	Description of property	10.			a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (oth		(c) Accumulate depreciation		Book value
	Land			+			 			$\overline{}$	
	Buildings										
	Leasehold improvements									+	
	Equipment									\neg	
	Other							3,000	3.	,000	
	L Add lines 1a through 1e (Column (d) must a			ump (i	3) line	10(c))	<u> </u>	,	<u> </u>	-+	

Part VII	Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
	a) Description of security or category	(b)Book value	(c) Method of va	
/1 \5	(including name of security)		Cost or end-of-year	market value
	l derivatives			
Other	held equity interests			
Total (Colum	on (h) must oqual Form 000 Part V cal (P) line 12.)	<u> </u>		
	Investments—Program Related. Co			orm 990 Part IV line 11c
Lair Attr	See Form 990, Part X, line 13.	implete il the organization	i aliswered Tes to To	orni 990, Parciv, iiile iic.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
-				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX		answered 'Yes' to Form 990	, Part IV, line 11d See	Form 990, Part X, line 15
	(a) Descrip	otion		(b) Book value
Total. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15	· · · · · ·		
	Other Liabilities. Complete if the organ			ine 11e or 11f. See
	Form 990, Part X, line 25.			
1	(a) Description of liability	(b) Book value		
Federal inco	ome taxes			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	the taxt of the feetness to the	oo organization's financis	

Pari	the organ	iation of Re						ts Wit	th Re	venue	per R	eturn Complete	e if
1	Total revenue, ga										1		
2	A mounts include	d on line 1 but	not on Forr	n 990, Pai	rt VIII, line	12							
а	Net unrealized g	aıns (losses) o	n ınvestmeı	nts			2a						
b	Donated service	s and use of fa	cilities .				2b						
c	Recoveries of pri	or year grants					2c						
d	Other (Describe	ın Part XIII)					2d						
e	Add lines 2a thro	ough 2d .					· · ·				2e		
3	Subtract line 2e	from line 1 .									3		
4	A mounts include	d on Form 990	, Part VIII,	, lıne 12, b	out not on li	ne 1							
а	Investment expe	enses not inclu	ded on Forn	n 990, Par	rt VIII, line	7b .	4a						
b	Other (Describe	ın Part XIII)					4b						
C	Add lines 4a and	4b									4c		
5	Total revenue A										5		
Part								nts Wi	ith Ex	cpense	s per	Return. Comp	lete
1	Total expenses a	anization ans									1		
2	Amounts include	•					•	• •	•	•	<u> </u>		
a	Donated services						2a	l					
b	Prior year adjust						2b						
c	Other losses .						2c						
d	Other (Describe						2d						
e	Add lines 2a thro	•						<u> </u>					
3	Subtract line 2e 1	-									3		
4	A mounts include												
а	Investment expe			•			4a						
b	Other (Describe						4b						
С	Add lines 4a and	-						'			4c		
5	Total expenses	Add lines 3 an	d 4c. (This r	nust equal	l Form 990	, Part I, line	18)				5		
Part	XIII Supple				·	· · · · · · · · · · · · · · · · · · ·						1	
Prov Part	ide the description V, line 4, Part X, li	s required for F	Part II, lines									de any additional	
	Return Refere	nce			Expl	anation							

Jenedale 2 (1 31111 33 3) 23 13		i age S		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

DLN: 93493133033265

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

ne of the organization E DETLEF SCHREMPF FOUN	NDATION				Liliployer idei	itification number
DETELT SCHKEMIT TOOT	91-1723526	91-1723526				
rt I Fundraising Acti filers are not requi			ganızatıc	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E
Indicate whether the orgai	nızatıon raısed funds	through a	ny of the i	following activities Che	eck all that apply	
Mail solicitations			e	Solicitation of non	-government grants	
☐ Internet and email sol	licitations		f	Solicitation of gov	= =	
Phone solicitations			a	Special fundraisin	=	
In-person solicitation	S		J		•	
Did the organization have or key employees listed in						Г _{Yes} Г
If "Yes," list the ten highe to be compensated at leas			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
		+				
		+				
J						
al	organization is regis	tered or l	censed to	o solicit contributions o	r has been notified it is	exempt from
al List all states in which the registration or licensing	organization is regis	tered or lı	eensed to	solicit contributions o	r has been notified it is	exempt from

		G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 GALA & AUCTION	(a) Event #1 (b) Event #2		(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	750,335	578,525	197,681	1,526,541
Şeve	2	Less Contributions	538,395	231,687	73,173	843,255
	3	Gross income (line 1 minus line 2)	211,940	346,838	124,508	683,286
	4	Cash prizes		2,500		2,500
မှာ	5	Noncash prizes	100,203	1,285		101,488
Expenses	6	Rent/facility costs	27,878	36,348	7,178	71,404
ă	7	Food and beverages .	73,636	7,022	31,957	112,615
Direct	8	Entertainment	2,500	2,000	480	4,980
Ξ	9	Other direct expenses .	38,258	227,277	65,509	331,044
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(624,031)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)	🗲	59,255
Revenue		Gaming. Complete if the o \$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	-	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	│ Yes	☐ Yes	Г Yes <u>%</u> Г No	
		Direct expense summary Add line		•	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)	<u> </u>	
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?		
10a b		ere any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	_ No
12	Is the organization a grantor, beneficia	ry or trustee of a tru:	st or a member of a partnership or other entity		
	formed to administer charitable gaming	_j ,		┌ _{Yes}	Г _{No}
13	Indicate the percentage of gaming act	vities conducted in			
а	The organization's facility		13a		%
b	An outside facility		13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special events books and records		
	Name ►				
	Address 🟲				
15a	Does the organization have a contract	with a third party fro	m whom the organization receives gaming		
	revenue?			┌ _{Yes}	┌ No
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		the organization 🟲 \$ and the		
c	If "Yes," enter name and address of th	e third party			
	Name 🕨				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🟲 \$				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а	Is the organization required under stat	e law to make charita	able distributions from the gaming proceeds to		
	retain the state gaming license? $$. $$.			┌ Yes	Γ_{No}
b	·		distributed to other exempt organizations or spent		
	in the organization's own exempt activ		· · · · · · · · · · · · · · · · · · ·		
Pai			oplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		

DLN: 93493133033265

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization THE DETLEF SCHREMPF FOUNDATION

Employer identification number

91-1723526

Part I	General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INSPIRE YOUTH PROJECT 417 - 23RD AVENUE S SEATTLE, WA 98144	91-1409104	501(C)	209,285				PROGRAM SUPPORT
(2) THE HEALING CENTER 6409 ROOSEVELT WAY NE SEATTLE, WA 98115	91-2054526	501(C)	177,900				PROGRAM SUPPORT
(3) SEATTLE CHILDRENS AUTISM CENTER 6901 SAND POINT WAY NE SEATTLE, WA 98115	91-1156519	501(C)	19,765				PROGRAM SUPPORT
(4) BELLEVUE BOYS & GIRLS CLUB 209 - 100TH AVE NE BELLEVUE, WA 98004	91-0776451	501(C)	25,000				PROGRAM SUPPORT
(5) CAMP FIRE USA 4241 - 21ST AVE W SEATTLE, WA 98199	91-0575953	501(C)	18,350				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. . .
- Enter total number of other organizations listed in the line 1 table

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DLN: 93493133033265

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE DETLEF SCHREMPF FOUNDATION

Employer	ident if ication	number
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91-1723526

r C	Types of Property					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amou	ınts
1	Art—Works of art	Х	20	24,835	CATALOG VALUE	
2	Art—Historical treasures .			·		
3	Art—Fractional Interests					
4	Books and publications					
5	Clothing and household goods	Х		56,662	CATALOG VALUE	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded .	Х	2	34,013	CURRENT STOCK PRICE	
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests					
	Securities—Miscellaneous					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles	Χ	43	14,170	CATALOG VALUE	
19	Food inventory	Х	68	30,476	ESTIMATED RETAIL VALUE	
20	Drugs and medical supplies .					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
	Archeological artifacts					
25)	Other►(X	9	1,365	CATALOG VALUE	
26	O ther ►()					
	O ther ►()					
	Other ► ()					
29	Number of Forms 8283 received by the for which the organization completed F					
30a	During the year, did the organization	receive by	contribution any property r	reported in Part I, lines 1	through 28, that	No
	it must hold for at least three years fr	om the date	e of the initial contribution	, and which is not required	I to be used	
	for exempt purposes for the entire ho	ding period	?		· · · · 30a	No
b	If "Yes," describe the arrangement in	Part II				
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions? 31	No
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell noi	ncash · · · 32a	No
	If "Yes," describe in Part II If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	is checked,	

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133033265

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE DETLEF SCHREMPF FOUNDATION	Employer identification number
	91-1723526

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	DETLEF SCHREMPF PRESIDENT MARRIED TO MARI SCHREMPF MARI SCHREMPF VICE PRES MARRIED TO DETLEF SCHREMPF
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT COPY OF THE CURRENT YEAR FORM 990 IS PROVIDED TO THE ORGANIZATION FOR OFFICERS AND KEY PERSONNEL TO REVIEW FOR ACCURACY AND COMPLETENESS THE RETURN IS FILED FOLLOWING COMP LETION OF THE REVIEW
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FORMS 990 ARE AVAILABLE BY REQUEST AS WELL AS ON PUBLIC SITES SUCH AS GUIDESTAR AND FOUNDATION CENTER

DLN: 93493133033265

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

		► Information al	oout Form 4562 and its se	eparate instruction	ns is at <u>www.i<i>rs</i></u>	gov/form45	<u>62.</u>	Sequence No 179	
	e(s) shown on retui DETLEF SCHREMI		Busines ST PAT'	s or activity to which	this form relates		Id	lentifying number	
1 11 1	DETLEF SCHREMI	PFFOUNDATION	31 PAI	3 DASII	9:	91-1723526			
Pa			Certain Property U				•		
			isted property, comp	<u>lete Part V bef</u>	ore you comp	olete Part I.	_	T 500,000	
1		(see instructions)					1	500,000	
2			laced in service (see in				2	3 000 000	
3			rty before reduction in I	•	•		3	2,000,000	
4			3 from line 2 If zero or				4		
5			ct line 4 from line 1 If z	•		filing	l _		
	separately, see in	structions • •		<u> </u>			5		
6	(a) Description of p	roperty		usiness use ly)	(c) Elected	cost		
	Listed property. E	Enter the amount fr	om line 20		. 7			ᆛ	
7							8	<u> </u> 	
8			operty Add amounts in						
9			er of line 5 or line 8				9		
10			om line 13 of your 2013				10		
11		limitation Enter th	e smaller of business in	come (not less tl	han zero) or line	e 5 (see			
	instructions)						11		
12	•		d lines 9 and 10, but do		han line 11		12		
			015 Add lines 9 and 10		. 13				
			pelow for listed prope						
							propei I	rty) (See instructions)	
14			ualified property (other t	han listed propei	rty) placed in s	ervice during	۱.,		
	•	instructions) •					14		
15		to section 168(f)(1					15		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>) · · · · · · · ·			· · · ·	16	1,000	
Par	t IIII MACRS	Depreciation (Do not include listed		ee instruction	s.)			
	MACDC deduction	f		Section A	- 2014		1.7	I	
			d in service in tax years 				17		
18			ts placed in service dui			_			
	asset accounts, o		Service During 20			. ►		intian System	
	Section B-A	SSETS Placed in	(c) Basis for	Tax tear	Using the G	eneral be	preci	Tation System	
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use	period	(e) Convention	on (f) Meth	nod	(g)Depreciation deduction	
102	3-year property		only—see instructions	' 	1	+			
	5-year property			+		+			
	7-year property			+		+			
	10-year property				1	1			
	15-year property			1	1				
	20-year property					1			
g	25-year property			25 yrs		S/L			
h	Residential rental			27 5 yrs	ММ	S/L			
	property			27 5 yrs	MM	S/L			
	Nonresidential real			39 yrs	ММ	S/L			
	property -				MM	S/L			
<u> </u>		ction C—Assets Pla	ced in Service During 20	14 Tax Year Usin	g the Alternati ⊤		on Sys	stem	
	Class life			1.3	1	S/L			
	12-year			12 yrs	B4.84	S/L			
	40-year rt IV Summ	ary (coo instruc	tions)	40 yrs	MM	S/L			
	isted property Ent	nary (see instruc	•				21		
				and 20 in a silver	on (a) and !	21 Enter			
2			14 through 17, lines 19 your return Partnership				22	1,000	
	or assets shown all portion of the basis		service during the curre tion 263A costs .	ent year, enter the	e 23				

Part V
Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? ┌ Ye s	Гпо		24	4b If "Ƴ	es," is f	the ev	idence	written?	Гүе	sГN	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	I (niisiness/investment i			(f) Recover period	'I ' I			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	•		y placed	in service	during the	tax year	and u	used mor	e than	Ī						
50% in a qualified busi	`									25						
26 Property used more	e than 50% i I	in a qualified b	usiness	use	T			1	1		1			1		
		%									+			+		
		%														
27 Property used 50%	orless in a		ness us	e	<u> </u>				lo //							
		%			+				S/L - S/L -		+			-		
		%			1				S/L -		1			_		
28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1								29			
		Sec	tion B	—Infor	mation	on U	se d	of Veh	icles				•			
omplete this section																
f you provided vehicles to	your employee	es, first answer th	e questio		_	T		n except		mpletir T			T .	_		£\
30 Total business/inv			ng the		a) ıcle 1	Vehi	b) cle 2	:	(c) ehicle 3	, ,	(c Vehio	-	-	e) cle 5		f) ıcle 6
year (do not inclu	de commutin	ig miles) .	•			1							1			
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor																
33 Total miles driven	•															
through 32 . 34 Was the vehicle a	vailable for m	ersonal use		Yes	No	Yes	No	Yes	N	\rightarrow	es	No	Yes	No	Yes	No
during off-duty hor		ersonar asc		163	140	163	140	163	<u> </u>	-	CS	140	163	140	163	140
35 Was the vehicle us		· · · · · · · · · · · · · · · · · · ·	• an 5%					-	+	_				 		
owner or related p		·														
36 Is another vehicle	avaılable fo	r personal use	?.													
Section Sectio	ns to determ	•	t an exc												not mo	re tha
37 Do you maintain a employees?	written polic			nibits all	personal	use of	vehi	cles, in	cluding	comn	nutın	g, by	your	Y	es	No
38 Do you maintain a	written nolic	ry statement t	hat nrob	uhits nei	rennal iie	e of ve	hicle	s avca	nt com	mutin	n hv	vour		-		
employees? See t	he instructio	ns for vehicles	used b	y corpor	ate office							•				
39 Do you treat all us	e of vehicles	s by employee	s as per	rsonal us	se?		•					•		oxdot		
40 Do you provide mo vehicles, and reta				oyees,o	btaın ınfo	rmatio • •	n fro	m your	employ • •	ees a	bout 	the us	se of			
41 Do you meet the re	equirements	concerning qu	ialified a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions) .					
Note: If your answ	er to 37, 38,	39, 40, or 41 is	"Yes," (do not coi	mplete Se	ction B	for ti	he cover	ed vehi	cles.						
	rtization		· ·		<u> </u>											
(a) (b) Date Description of costs amortization begins							(d) (e) A mortiza period ection persont		nortiza	ization A mort			(f) tization for iis year			
42 A mortization of co	ete that her		 r 2014	tav voor	(see inc	truction	ne \		1 20		-9-					
TE A HIGHLIZACION OF CO	, s is that beg	ms during you	1 2014	cax year	(266 1112	T	15)		Т		ı					
									+							
42 A mouture transfer	oto that have	an hafare	. 2014 :								42					
43 Amortization of co	_	•		-			•			-	43					
44 Total. Add amouni	ıs iii column	(i) See the Ins	structio	เเราเบติฟก	iere to re	POIL					44					