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# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Depa	ar ment of the Treasury nat Revenue Service	Note. The foundation may	be able to use a copy of this	return to satisfy state rep	orting requirements	ZUII
For	calendar year 2011	or tax year beginning DEC	23, 2011	, and ending	DEC 31, 2011	
· Na	me of foundation				A Employer identification i	number
-		A AND HENRY STRA		·····	13-3411143	<u>.</u>
		S J GROPPE 521 E		Room/suite	B Telephone number 212-682-002	20
	y or town, state, and IEW YORK,				C If exemption application is per	nding, check here
	Check all that apply.	X Initial return Final return	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	check here
		Address change	Name change		Foreign organizations mee 2. check here and attach corr	ing the 85% test, putation
H (	Check type of organia	· · <u></u>	xempt private foundation Other taxable private founda	tion	E If private foundation statu	
		l assets at end of year   J   Account	F	Accrual	under section 507(b)(1)(i)  F If the foundation is in a 6i	)-month termination
	►\$	143,334. (Part I, coll		pasis.)	under section 507(b)(1)(	b), check here .
Pa	(The total of am	Revenue and Expenses lounts in columns (b), (c), and (d) may not lat the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1 Contributions,	gifts, grants, etc., received	100,000.		N/A	
	2 Check ▶	if the foundation is not required to attach Sch. B.				
	3 cash investment	gs and temporary s				·····
	1 .	interest from securities				
	5a Gross rents	•				
	Net rental incom				<u> </u>	······································
ĭe	h Gross sales price	from sale of assets not on line 10 e for all			+	
Revenue	7 Capital cap net	income (from Part IV, line 2)		0		
æ	8 Net short-term					·····
	9 Income modif	ications	11 11 11 11	, ,  ', ''''		
	10a Gross sales less and allowances	returns		··	<u> </u>	<del></del>
	Less Cost of go	·				
	c Gross profit o	r (loss)				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	11 Other income		100,000.	0		······
		es 1 through 11	100,000.	0	<del></del>	0
	'	ee salaries and wages	,		•	
		, employee benefits			_	
ses	16a Legal fees					
e G	b Accounting fe	es .		A Saint	ED ON	
<u> </u>	c Other profess	ional fees		- FI	190	
ĭ. Še	17 Interest			RECEN	2013 /00/	
	18 Taxes			\\	10. Jal	,
inis	19 Depreciation a	and depletion		We hon o		
Ē	20 Occupancy				JEN.	
and Ac	21 Travel, confer	ences, and meetings		G		
ā	22 Printing and p 23 Other expense					
ij	24 Total oneration	ng and administrative				<del> </del>
Operating and Administrative Expenses	expenses Ad	ld lines 13 through 23	0.	0		0
Operat	25 Contributions		0.			0
		es and disbursements.				
	Add lines 24 a		0.	0		0
	27 Subtract line 2	26 from line 12	100 000			
	1	ue over expenses and disbursements	100,000.			<del></del>
	1	nt income (if negative, enter -0-)		0		
	_ c Adjusted net	income (if negative, enter -0-)	1		N/A	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	23,352
2	Enter amount from Part I, line 27a	2	100,000
3	Other increases not included in line 2 (itemize)	3	Ō
4	Add lines 1, 2, and 3	4	123,352
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	123,352

Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

	1990-PF (2011) THE ALBERTA AND HENRY STRAGE FOUNDATION 13-341			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	Instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			_
• b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			0.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		_	<u>0.</u>
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments:			
	2011 estimated tax payments and 2010 overpayment credited to 2011			
þ	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a	-	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1.0	,	<i></i>
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
Ī	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
•	managers > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	of the Yes," has it filed a tax return on Form 990-T for this year?			<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	40 5		X
·	If "Yes," attach the statement required by General Instruction T.			-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
٠	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<del> </del>
•	If "Yes," complete Part II, col. (c), and Part XV.	-	A.	<del> </del>
g a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
U	NY			
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	AL.	v	1
•	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	_	l	v
10	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	Х	<u> </u>
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses STMT 2	10		(0041)
	F	om <b>990</b>		(2011)

	990-PF (2011) THE ALBERTA AND HENRY STRAGE FOUNDATION 13-341:	1143	Page 5
	rt VII-A Statements Regarding Activities (continued)		
11	"At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		
	If "Yes," attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
	Website address ► N/A		
14	The books are in care of ► HENRY STRAGE  Telephone no ►0207-6	503-5	847
	Located at ▶ 67 ADDISON ROAD , LONDON UNITED KINGDOM ZIP+4 ▶W		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		$\blacktriangleright$
	and enter the amount of tax-exempt interest received or accrued during the year	N/	Α
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	Y	es No
	securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign		
	country <b>&gt;</b>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
1 a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ļ.
	a disqualified person? Yes X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period after		
	termination of government service, if terminating within 90 days )		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16	X
	Organizations relying on a current notice regarding disaster assistance check here		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
	before the first day of the tax year beginning in 2011?	10	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		
	defined in section 4942(j)(3) or 4942(j)(5))		
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
	before 2011? Yes X No		
	If "Yes," list the years		
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
_	statement - see instructions )	2b	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
Ja	during the year?  Yes X No		
h		[	
u	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after		
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or hequest, or (3) the lapse of the 10c, 15c, or 20-year first phase holding period 2 (4 log School 4 C		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)  N/A	3.	
An		3b	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	
u	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	46	x
			PF (2011)
	10		(~~!!/

orm 990-PF (2011) THE ALBERTA AND HENRY ST			<u>13-34111</u>	43 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	🗀 Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes:	7	T	s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		T Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourposes, or 1			
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i			
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	56
Organizations relying on a current notice regarding disaster assistance check h			<b>▶</b> □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned .		
expenditure responsibility for the grant?		Υε	s No	
If "Yes," attach the statement required by Regulations section 53.4945		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •		<b>!</b>	
a personal benefit contract?	Day premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	amonal honofit contract?			6b X
If "Yes" to 6b, file Form 8870.	ersonal benefit contract?	•	·	<u>"                                     </u>
·	holtos transportion?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s  b if "Yes," did the foundation receive any proceeds or have any net income attribution.		L 16		
I for all all officers in the second		nagara Highl		7b
Part VIII Paid Employees, and Contractors	ees, roundation wa	ınagers, nıgnı	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deterred	account, other allowances
	to position	Biller -0-)	compensation	allowalices
SEE STATEMENT 3		0.	0.	0.
		-	- 0.	
			<del></del>	
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
- Compensation of the highest paid employees (edici trial those inc	(b) Title, and average	The Horiz	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position	-	compensation	allowances
NONE		•		
				<del></del>
		-		<del></del>
		<u> </u>	اــــــ	
Total number of other employees paid over \$50,000	<u></u>		. ▶	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses
1 N/A		
	7	
2		
3		
4		
D. + OV D.		
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A		Amount
1 <u>N/A</u>	<del></del>	
2		<del></del>
4		
All other program-related investments See instructions	<del></del>	
3		
<u> </u>		
Total. Add lines 1 through 3	. •	0.
		Form <b>990-PF</b> (2011)

þ	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		<del></del>
, a	Average monthly fair market value of securities	1a	42,540.
	Average of monthly cash balances	1b	42,540. 100,794.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	143,334.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
		0.	
2	Acquisition indebtedness applicable to line 1 assets	7 2	0.
3	Subtract line 2 from line 1d	3	143,334.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,150.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	141,184.
6	Minimum Investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	174.
p	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here   in and do not complete this part )	is and certain	
1	Minimum investment return from Part X, line 6	. 1	174.
2a			
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	174.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	174.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	. 7	174.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		•
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
þ	• • • • • • • • • • • • • • • • • • • •	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	. 2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	. 4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	. 5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat 4940(e) reduction of tax in those years	ion qualifies for th	e section

,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Corpus	rears prior to 2010	2010	174.
2 Undistributed income, if any, as of the end of 2011			···· · · · · · · · · · · · · · · · · ·	
a Enter amount for 2010 only		1	0.	
b Total for prior years.	<del></del>			··
		0.		
3 Excess distributions carryover, if any, to 2011	<del></del>	······································		
a From 2006		<b>{</b>		
h From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from	•			<del></del>
Part XII, line 4 > \$ 0.				
		1	0.	
a Applied to 2010, but not more than line 2a	······································		<b>U</b> •	<u></u>
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U.	······································	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				
d Applied to 2011 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		,	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	•
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				174.
7 Amounts treated as distributions out of		· · · · · · · · · · · · · · · · · · ·	<del>, , , , , , , , , , , , , , , , , , , </del>	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				<del></del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.	l		
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008		-		
c Excess from 2009				

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d Excess from 2010 e Excess from 2011

Part XVI-A	Analysis of Income-Pro	ducing Activities

ter gross amounts unless otherwise indicated		business income	/c\	ded by section 512, 513, or 514	{ (e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
a	0000				
			!		
·	-		<u> </u>		
	i i				<u> </u>
<del></del>		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	_		-		
Fees and contracts from government agencies			<del> </del>		
Membership dues and assessments		<del>-</del>	-		
nterest on savings and temporary cash					
nvestments	-		<del> </del>		
Dividends and interest from securities	•		<u> </u>	<u> </u>	
let rental income or (loss) from real estate		<del></del>	<b></b>		
Debt-financed property .					
Not debt-financed property			ļ		
let rental income or (loss) from personal					
property .		. <u> </u>			
Other investment income					
Gain or (loss) from sales of assets other					
han inventory					
let income or (loss) from special events					
iross profit or (loss) from sales of inventory					
other revenue					
					1
			<del> </del>		
	<del> </del>	••	<del> </del>		
·					
	_				
d	_	0		0	
d e Subtotal Add columns (b), (d), and (e)	_	0.		0.	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations				13_	
industrial Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  ort XVI-B  Relationship of Activities  e No.  Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  ret XVI-B  Relationship of Activities	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  e No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  s No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  s No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  s No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  s No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  s No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities	s to the Accor	mplishment of Ex	emp	t Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities	s to the Accor	mplishment of Ex	emp	t Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Relationship of Activities  B No. Explain below how each activity for which in	s to the Accor	mplishment of Ex	emp	t Purposes	

Part XVII	Information Re Exempt Organ		o and Transactions a	nd Relationships With No	ncharitable	
1 Did the oi			wine with any other ergogization	n described in costion E01/a) of		s No
•		:)(3) organizations) or in section		n described in section 501(c) of	Te	SINO
	· · · · · · · · · · · · · · · · · · ·	lation to a noncharitable exempt	• •	Zations		
(1) Cash	· -	ation to a nonchantable exempt	organization of.		10(1)	Х
(2) Othe	-	•			1a(1)	$\frac{X}{X}$
b Other tran			•	• • • • •	1a(2)	<del>  ^</del>
-	s of assets to a nonchanta	able avamet organization			45/41	х
		onchantable exempt organization			1b(1)	$\frac{\mathbf{X}}{\mathbf{X}}$
		or other assets		• • • •	1b(2)	X
	at of facilities, equipment, ibursement arrangements				1b(3)	X
	s or loan guarantees			• •	1b(4)	X
	-	embership or fundraising solicita	tione	• • • • • • •	1b(5)	X
		ailing lists, other assets, or paid			1b(6)	X
			· •	 vays show the fair market value of the		
				e in any transaction or sharing arrang		
		other assets, or services receive		o in any transaction or sharing arrang	oment, snow m	
(a) ⊔ле ло	(b) Amount involved		able exempt organization	(d) Description of transfers, transact	ons and sharing arrange	ments
<del>``</del>	<u></u>	N/A		(-)	one, and one ing artanger	
	· · · · · · · · · · · · · · · · · · ·		<del>-</del>			
		-	·			
-			, <u></u>			
		- <del></del>				
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			· · · · · · · · · · · · · · · · · · ·			
					<del></del>	
ın section				cations described (c) Description of		X No
	N/A	9	(2) - ) po oi oigamization	(e) bosonption or		
	,			· · · · · · · · · · · · · · · · · · ·		
Sign Here	r penalties of penury, I declare elief, it is true, correct, and ca hapture of officer or puster	mplete Declaration of preparer (ottler	uding accompanying schedules and schan taxpayer) is based on all informations of the school of the s	statements, and to the best of my knowledge atton of which preparer has any knowledge	May the IRS discus return with the preshown below (see IX)	parer
	Print/Type preparer's n			Date Check If	PTIN	
				30 self-araployed		
Paid	BARBARA K.	SOMMERS / / X	tall /	24 3 Q ZU13	P0003729	1
Preparer		MERS, EVENHART	& KOHLER, P.	A. Firm's FIN ▶ 6	5-0218667	
Use Only	I .	, • • • • • • • • • • • • • • • • • • •	<u> </u>			
•		30 COLUMBIA DRI	VE, SUITE 111			
		EST PALM BEACH,		Phone no	561)640-9	800
					Form <b>990-PF</b>	

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

**Employer identification number** 

<u>_</u>	HE ALBERTA AND HENRY STRAGE FOUNDATION	13-3411143				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	lule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in riplete Parts I and II.	noney or property) from any one				
Special Rules						
509(a)(1) and 170	I (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	=				
total contribution	I (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont is of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ed f cruelty to children or animals. Complete Parts I, II, and III.	_ ·				
contributions for If this box is che purpose. Do not	I (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contuse exclusively for religious, charitable, etc., purposes, but these contributions did not tocked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. vely religious, charitable, etc.,				
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Paret the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer Identification number

# THE ALBERTA AND HENRY STRAGE FOUNDATION

13-3411143

Part I Cor	itributors	(see instructions	). Use duplicate co	pies of Part I if additional	space is needed.
------------	------------	-------------------	---------------------	------------------------------	------------------

<del></del>			<del></del>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY STRAGE  67 ADDISON ROAD  LONDON, UNITED KINGDOM W14 8JL	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452 01 0		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

# THE ALBERTA AND HENRY STRAGE FOUNDATION

13-3411143

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II II additional space is needed.	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<b></b> \$ <u></u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.			
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   .		   \$	

Schedule B	(Form 990,	990-EZ, or	990-PF	(2011)
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Name of orga	anization		Employer identification number
THE AL	BERTA AND HENRY STRAGE	FOUNDATION	13-3411143
Part III	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(i he following line entry: For organizati c , contributions of \$1,000 or less fo	(c)(7), (8), or (10) organizations that total more than \$1,000 for the tions completing Part III, enter or the year (Enter this Information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<u></u>	(e) Transfer of gi	ljift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	···
		_	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM '990-PF	CORPORATE STOCK	··· ·· <del></del> ··· ·· ··	STATI	EMENT
DESCRIPTION		BOOK VALUE		MARKET ALUE
IBM	- -	22,55	8.	42,540
TOTAL TO FORM 990-PF, PART II	, LINE 10B	22,55	8.	42,540
	SUBSTANTIAL CONTRIBUTE OF SUBSTANTIAL CONTRI	JTORS	STATI	EMENT
NAME OF CONTRIBUTOR	ADDRESS			
HENRY STRAGE	67 ADDISON ROAL LONDON, UNITE		48JL	
	LIST OF OFFICERS, DESCRIPTION MANAGEMENT	GERS	EMPLOYEE	EMENT
		GERS		EXPENSE
TRUSTEES	TITLE AND AVRG HRS/WK PRESIDENT 1.00	GERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS HENRY STRAGE 67 ADDISON ROAD	TITLE AND AVRG HRS/WK PRESIDENT 1.00  VICE PRESIDENT 1.00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8J ALBERTA STRAGE 67 ADDISON ROAD	TITLE AND AVRG HRS/WK PRESIDENT 1.00  VICE PRESIDENT 1.00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8J  ALBERTA STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8J  GEOFFREY STRAGE 140 BELLA VISTA AVE	TITLE AND AVRG HRS/WK  PRESIDENT 1.00  VICE PRESIDENT 1.00  VIL  DIRECTOR 0.00  DIRECTOR 0.00	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENSE ACCOUNT
NAME AND ADDRESS  HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8J  ALBERTA STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8J  GEOFFREY STRAGE 140 BELLA VISTA AVE BELVEDERE, CA 94920  SUSAN YOUNG 29 PEMBRIDGE GARDENS	TITLE AND AVRG HRS/WK  PRESIDENT 1.00  VICE PRESIDENT 1.00  VIL  DIRECTOR 0.00  DIRECTOR 0.00	COMPEN-SATION  0.  0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENSE ACCOUNT

FORM .990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

HENRY STRAGE ALBERTA STRAGE