

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF Department of the Treasu Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	alen	dar year 2012 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
		ALBERTA AND HENRY STRA		N Room/suite	13-3411143	
		nd street (or PO box number if mail is not delivered to stree CHARLES J GROPPE 521 I	B Telephone number 212-682-00	20		
		own, state, and ZIP code	TITH AVE			
		YORK, NY 10175			C If exemption application is p	ending, check here .
G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2	-NN 050( tt
		Address change	Name change		Foreign organizations me check here and attach co	mputation betting the 85% test,
H C	٦.	type of organization: X Section 501(c)(3) e			E If private foundation state	tus was terminated
		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year J Account	-	Accrual	F If the foundation is in a (	
(fr		Part II, coi (c), line 16) $158$ , $864$ . (Part I, col	other (specify)	hagie I	under section 507(b)(1)	(B), check here
	rt I				(-) 4 ( ) 4	(d) Disbursements
	9	(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	30,000.		N/A	
	2	Check fit if the foundation is not required to attach Sch. B				\$ \$15-\$11-\$11-\$11-\$11-\$11-\$11-\$11-\$11-\$11-
	3	Interest on savings and temporary cash investments	770	276		
	4	Dividends and interest from securities	779.	779.		STATEMENT 1
		Gross rents				
	_	Net rental Income or (loss)	<u> </u>	**** *********************************		
ine E	va b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)	1' - 1' - 1 - 1111 - 1111 - 1111	0.	<u> </u>	
æ	8	Net short-term capital gain				
	9	Income modifications	Harry 11 11 11 11 11 11 11 11 11 11 11 11 11	*** ***********************************		· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales less returns and allowances				
\	b	Less Cost of goods sold			, 18 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	C	Gross profit or (loss)		<del>, , , , , , , , , , , , , , , , , , , </del>		
	11	Other income	20. 770	770		
	12	Total. Add lines 1 through 11	30,779.	779.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 15	Other employee salaries and wages Pension plans, employee benefits				
es		Legal fees				
ens		Accounting fees			OFIVED I	
쫎		Other professional fees		- KI	CEIVED	-
<u>8</u>	17	Interest			V 0 4 2013	
Irat	18	Taxes		N SS N	V 0 4 2013	
n:S	19	Depreciation and depletion .		(6)	يق المسلمة	
Ę	20	Occupancy		0	GDEN, UT	
٧	21	Travel, conferences, and meetings			JUL 1	
an	22 23	Printing and publications			-	
Ē.		Other expenses Total operating and administrative		<u> </u>		
Operating and Administrative Expense	-4	expenses. Add lines 13 through 23	0.	0.		0.
ö	25	Contributions, gifts, grants paid	17,000.	<b>J.</b>		17,000.
		Total expenses and disbursements.				
		Add lines 24 and 25	17,000.	0.		17,000.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	13,779.		<u> </u>	<u> </u>
		Net investment income (if negative, enter -0-)		779.		
	C	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

223511 12-05-12

		id(s) of property sold (e g or common stock, 200 shs		<u> </u>	`P-	ow acquired Purchase Donation	(c) Date acqu (mo , day, )	ured yr)	(d) Date sold (mo , day, yr )
<u>a</u>		· · · · · · · · · · · · · · · · · · ·			↓				
	NE				┼				
<u> </u>					+				<del> </del>
<u>1</u>		·	<del></del>		┼				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain ( (e) plus (f)		
<u> </u>						<del>-</del> -			
			<u> </u>	<del></del>					
<u>.                                    </u>									
<u></u>									
Complete only for assets show	ng gain in c	column (h) and owned by	: the foundation	on 12/31/69			(I) Gains (Col (	h) gain i	minus
(i) F M V as of 12/31/69	()	) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i) col (j), if any		C	ol (k), but not l Losses (fro	ess than	i -0-) or
[									
l									
<u> </u>	<u> </u>								
1									
1	<u></u>		L			ı			<del> </del>
Capital gain net income or (net c	apital loss)	⟨ If gain, also enter     ⟨ If (loss), enter -0	r in Part I, line - in Part I, line	7 7 .	. }	2			
Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (c		nd (6)		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification \		action 4040(a) for	Doducad	Not	<u> </u>	3			
section 4940(d)(2) applies, leave as the foundation liable for the se Yes," the foundation does not qua Enter the appropriate amount in	ction 4942 t	tax on the distributable an	mplete this pa	rt .					Yes X
(a)	00011 001011	(b)		ioro maning any	(c)				(d)
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dis	tributions	Net value of no		table-use asse	ts (col	Distrib (b) divi	ùtión ratio ided by col (c))
2011			0.			141,18	4.		.0000
2010		· <del>, -</del>							
2009		· <del></del>							
2008						<del></del>			<del></del>
2007				· · · -			<del></del>		
Total of line 1, column (d)							2		.0000
Average distribution ratio for the	5-vear bas	e period - divide the total	on line 2 by 5.	or by the numbe	r of vea	ırs			
the foundation has been in exist	-		•			-	3		.0000
Enter the net value of nonchanta	ible-use ass	ets for 2012 from Part X,	line 5 .				4		144,69
Multiply line 4 by line 3							5		
Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		
Add lines 5 and 6			-				. 7	<del>-</del>	
Enter qualifying distributions fro	=						8		17,00

_		3411143		Page 4	
Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see instr	uctio	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 ► X and enter 1%	<del></del>	, , , , , , , , , , , , , , , , , , ,	8.	
	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-)			0.	
	Add lines 1 and 2			8.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<del></del>	8.	
	Credits/Payments				
	2012 estimated tax payments and 2011 overpayment credited to 2012				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld			^	
	Total credits and payments Add lines 6a through 6d			<u> </u>	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			8.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del> </del>			
	Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ► 11  rt VII-A Statements Regarding Activities				
			Voc	No	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	19	163	X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1 <u>a</u>	+	X	
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or		<del> </del>	<del>                                     </del>	
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?	10	1	x	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		<u> </u>	<del> </del>	
	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$ 0 •				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ▶ \$ 0.				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ĺ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year? $N$	/A 4b	<u> </u>	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	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.				
	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		1		
	remain in the governing instrument?	_ 6	X	-	
	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.	İ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NY	—			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		v		
of each state as required by General Instruction G? If "No," attach explanation					
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					
10	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	10	+	X	
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	1 10		$\perp_{\Lambda}$	

	990-PF (2012) THE ALBERTA AND HENRY STRAGE FOUNDATION 13-3411	143		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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			37
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A  The books are in care of ► HENRY STRAGE  Telephone no. ► 0207-6	. n 2 _	501	7
14	Located at $\triangleright$ 67 ADDISON ROAD, LONDON UNITED KINGDOM  ZIP+4 $\triangleright$ WI			<del></del>
4 6	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	14 0	<u> </u>	
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	163	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			
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.	7	Yes	No
1a	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)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   X Yes No			
	(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	İ		
	termination of government service, if terminating within 90 days )	1		
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?	1b		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 2012?	10	ļ	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012? Yes X No			
_	If "Yes," list the years . , , , , , , , , , , , , , , , , , ,			
U	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 )  N/A	2b		
_	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	-20		
i.				
2.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
00	during the year?			
h	of "Yes," did it have excess business holdings in 2012 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 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 2012.)  N/A	3b		1
42	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	.4a	_	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	had not been removed from jeonardy before the first day of the tax year beginning in 2012?	46		x

12-05-12

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		-
а	Average monthly fair market value of securities	1a	45,886.
b	Average of monthly cash balances	1b	101,008.
C		1¢	·
d	Total (add lines 1a, b, and c)	1d	146,894.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	146,894.
4	Cash deemed held for chantable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,203.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.,	5	144,691.
6_	Minimum Investment return. Enter 5% of line 5	6	7,235.
p	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	7,235.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	8.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,227.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,227.
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	7,227.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		17 000
a		1a	17,000.
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.		
a		3a	
b	,	3b	17,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	17,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	o
_	Income Enter 1% of Part I, line 27b	5	8. 16,992.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<del></del>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualmes for	the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7		*****		7,227.
2 Undistributed income, If any, as of the end of 2012				
a Enter amount for 2011 only			174.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
b Total for prior years				
		0.	··. · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011 .				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 17,000.			174	
a Applied to 2011, but not more than line 2a			174.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			7 227
d Applied to 2012 distributable amount .	0.500			7,227.
e Remaining amount distributed out of corpus	9,599.	,		Λ
5 Excess distributions carryover applied to 2012 (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	9,599.			
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 2011. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013		··· · · · · · · · · · · · · · · · · ·	<u> </u>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	0 500			
Subtract lines 7 and 8 from line 6a	9,599.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011		`		
e Excess from 2012 9,599.	l	1	1	Form <b>990-PF</b> (2012)

		ENRY STRAGE			11143 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective for	r 2012, enter the date of	the ruling	. ▶ ∟		<del> </del>
b Check box to indicate whether the found		ing foundation described	•	4942(j)(3) or 4!	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 0044	Prior 3 years	(4) 0000	(a) Tatal
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed .		-			
b 85% of line 2a		ļ		<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>	-		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<del> </del>	<u> </u>	<del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<del></del>	<del> </del>	<del></del>
alternative test relied upon					
a "Assets" alternative test - enter			İ		<u> </u>
(1) Value of all assets		<del> </del>	<del>                                     </del>	-	<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section				-	
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					<del> </del>
(4) Gross investment income			****	1 145 000	L.,
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		tructions.)			
1 Information Regarding Foundation	_	- th 00/ of th- t-t-l	the but and a considerable	. favordation before the ele	and of any tou
a List any managers of the foundation wh year (but only if they have contributed in			ithoutions received by the	FIGURGATION DETOTE THE CIT	se of any tax
SEE STATEMENT 4				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
b List any managers of the foundation wh other entity) of which the foundation ha			ı (or an equally large portı	on of the ownership of a p	partnership or
NONE			<u>.                                    </u>		
2 Information Regarding Contribut					
Check here $ ightharpoonup$ If the foundation $\mathfrak c$					
the foundation makes gifts, grants, etc	(see instructions) to inc	ividuals or organizations	under other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber or e-mail of the per	son to whom applications	should be addressed		
b The form in which applications should to	oe submitted and inform	nation and materials they	should include		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:				<del></del>	
d Any restrictions or limitations on award	s, such as by geograph	cal areas, charitable field	s, kinds of institutions, or	other factors:	
223601 12-05-12		<del></del>			Form 990-PF (2012)

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purnose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year				
HOLOCAUST EDUCATIONAL TRUST	NONE	PUBLIC	TO RAISE AWARENESS AND	
BCM BOX 7892	NONE	CHARITY-UK	UNDERSTANDING OF THE	
LONDON, UNITED KINGDOM WC1N3XX			HOLOCAUST, TO PROVIDE	
<b>20112011, 1111211</b> 0111102000 Westerson			TEACHER TRAINING AND	
			OUTREACH	2,000.
THE ALBERTA AND HENRY STRANGE (UK)	NONE	GRANT-MAKING	TO FURTHER RESEARCH	
FOUNDATION		FOUNDATION-UK	AND DEVELOPMENT IN	
67 ADDISON ROAD			AREAS OF HEALTH AND	
LONDON, UNITED KINGDOM W14 8JL			EDUCATION IN THE	
			UNITED KINGDOM.	15,000.
	,			
			,	
Total		· · · · · · · · · · · · · · · · · · ·	► 3a	17,000.
b Approved for future payment				
NO.				
NONE				
		-		-
			<b>▶</b> 3h	
Total			<b>▶</b> 3b	l 0.

13-3411143 Page 12

•	Enter gross amounts unless otherwise indicated		Unrelated business income		by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(C) Exclu- slon	(d) Amount	Related or exempt function income
-	service revenue	code		code	Tunount	10110110111111011110
·		_				
b		_		+ +		
C				<del>                                     </del>		
d				+		<del> </del>
e				<del>                                     </del>		
f		_				
-	and contracts from government agencies					
	hip dues and assessments		<del></del>	<del> </del>		
Interest o	n savings and temporary cash					
investme		-		1 4	770	
	s and interest from securities			14	779.	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	I income or (loss) from real estate					
	financed property					
	ebt-financed property .					················
Net rental	I income or (loss) from personal					
property	-					
Other inv	estment income					
Gain or (I	loss) from sales of assets other					
than inve				+		
	ne or (loss) from special events					
-	ofit or (loss) from sales of inventory					<del></del>
Other rev	renue					
a		_		-		<del></del>
p		<del>  -</del>		+		
c						
d		_		-		
e			0		770	
		- <u>L</u>	<u>_</u>	<u>•</u>		7
	Add columns (b), (d), and (e)				13	
Total. Ad	dd line 12, columns (b), (d), and (e)		•		· · · ·	
Total. Ad	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations		•			
Total. Ac ee worksh	dd line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculations		mplishment of I	Exempt I		
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ac e worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ac e worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ad	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ace worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ace worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ace worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Ac e worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	
Total. Acee worksh	Id line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations  Relationship of Activitie  Explain below how each activity for which	es to the Acco	column (e) of Part XVI		Purposes	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions Х (1) Sales of assets to a noncharitable exempt organization  $\overline{\mathbf{x}}$ 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (b) Type of organization (c) Description of relationship (a) Name of organization N/A amined this return, including accompanying schedu Under penaltie ition of preparer (other than taxpayer) is b Sign Here X Yes Signatu officer or trustee Trtle Check PTIN Preparer's signature Date Print/Type preparer's name Paid P00037291 Κ. SOMMERS Preparer Firm's name ► SOMMERS, EVERHART Firm's EIN ► 65-0218667 **Use Only** Firm's address ▶ 380 COLUMBIA DRIVE, SUITE WEST PALM BEACH, FL 33409 (561)640 - 9800Form 990-PF (2012)

**EXTENSION ATTACHED** 

#### 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

2012

Name of the organization Employer identification number

THE 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 <b>not</b> 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					
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
X For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.					
Special Rules						
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts 1, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization ti	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

### THE ALBERTA AND HENRY STRAGE FOUNDATION

13-3411143

Part I	Contributors	(see instructions)	. Use duplicate co	pies of Part I if additiona	Il space is needed.
--------	--------------	--------------------	--------------------	-----------------------------	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY & ALBERTA STRAGE  67 ADDISON ROAD  LONDON, UNITED KINGDOM W148JL	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, ańd 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 Omnicash 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 Occash 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 Part II if additional space is needed					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$	<del></del>			
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
rart i			-			
(2)						
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
Part I		(555				

Name of orga	anization		Employer identification number				
THE AL	BERTA AND HENRY STRAGE	FOUNDATION	13-3411143				
Part III		dual contributions to section 501(c following line entry For organizatio , contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, and 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 gift						
	Transferee's name, address, and 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				
			6				
_	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
ļ							

FORM 990-PF DIVIDENDS A	ND I	INTEREST	FROM	SECURITIES	ST	ATEME	NT 1
SOURCE	G	GROSS AMO	DUNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
CHARLES SCHWAB			779.		0.	779.	
TOTAL TO FM 990-PF, PART I, LN 4			779.	79. 0.		779.	
FORM 990-PF	CORE	PORATE ST	госк		ST	ATEMEI	NT 2
DESCRIPTION				BOOK VALU		IR MAI VALU	
IBM				23,3	26.	45,059.	
TOTAL TO FORM 990-PF, PART II, LINE 10B			23,3	26.	45,059.		
FORM 990-PF PART VIII - LI					ST	ATEME	NT 3
FORM 990-PF PART VIII - LI TRUSTEES AN			N MANA		ST EMPLOY BEN PL	EE	
NAME AND ADDRESS HENRY STRAGE 67 ADDISON ROAD	D FO	OUNDATIO	AND	AGERS	EMPLOY BEN PL CONTR	EE	PENSE
NAME AND ADDRESS HENRY STRAGE	D FO	TITLE A AVRG HRS	AND S/WK	COMPEN- SATION	EMPLOY BEN PL CONTR	EE AN EX IB AC	PENSE COUNT
NAME AND ADDRESS HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL ALBERTA STRAGE 67 ADDISON ROAD	D FC	TITLE A AVRG HRS PRESIDENT 1.00	AND S/WK 	COMPEN-SATION	EMPLOY BEN PL CONTR	EE AN EX IB ACC	PENSE COUNT
NAME AND ADDRESS  HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL  ALBERTA STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL  GEOFFREY STRAGE 140 BELLA VISTA AVE	D FC	TITLE A AVRG HRS PRESIDENT 1.00  VICE PRES 1.00  DIRECTOR	AND S/WK T	COMPEN-SATION  0.	EMPLOY BEN PL CONTR	EE AN EX IB ACC	PENSE COUNT 0.
NAME AND ADDRESS  HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL  ALBERTA STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL  GEOFFREY STRAGE 140 BELLA VISTA AVE BELVEDERE, CA 94920  SUSAN STRAGE YOUNG 29 PEMBRIDGE GARDENS	D FC	TITLE A AVRG HRS PRESIDENT 1.00  VICE PRES 1.00  DIRECTOR 0.00	AND S/WK T	COMPEN-SATION  0.	EMPLOY BEN PL CONTR	EE AN EXIB ACC	PENSE COUNT 0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

HENRY STRAGE ALBERTA STRAGE

Form 8868	3 (Rev 1-2013)				Page 2		
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	and check this box	<b>X</b>		
	nly complete Part II if you have already been gra						
	are filing for an Automatic 3-Month Extension, o						
Part II				inal (no copies needed).			
			Ei	nter filer's identifying number, see	instructions		
	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN) or			
Туре о							
print				13-3411143			
•	Number, street, and room or suite no. If a P.O. box		ctions.	Social security number (SSN)			
File by the due date for	c/o CHARLES GROPPE, 521 FIFTH	AVENIIE	•				
filing your	City, town or post office, state, and ZIP code. For			<del></del>	<del></del>		
retum See instructions		J	·				
	Return code for the return that this application	is for /file o	s congrato application for as	och rotuen)	0 4		
Applicat		Return	Application	deriterarily	Return		
• •	lion		1				
s For	5 000 57	Code	Is For		Code		
	00 or Form 990-EZ	01		。 第一章			
Form 9 <u>9</u>		02	Form 1041-A		80		
	720 (individual)	03	Form 4720		09		
Form 990-PF		04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11		
	00-T (trust other than above)	06	Form 8870		12		
	o not complete Part II if you were not already	granted ar	automatic 3-month exter	sion on a previously filed Forn	1 8868.		
<ul><li>The b</li></ul>	ooks are in the care of   HENRY STRAGE			·			
	hone No. ► (44) -207-603-5847		FAX No. ► <u>N/A</u>	<del></del>			
	organization does not have an office or place of l				<b>▶</b> X		
	is for a Group Return, enter the organization's for				s is		
for the v	vhole group, check this box ▶ 🔃 . It	f it is for pa	art of the group, check this I	oox ▶ 🔛 and atta	ach a		
ist with	the names and EINs of all members the extension	n is for.					
4   re	equest an additional 3-month extension of time un	ntil <u>NOVEM</u>	BER 15,	. 20 13 .			
<b>5</b> Fo	r calendar year 2012 , or other tax year beginni	ing	, 20 , an	d ending , 2	20 .		
6 If t	he tax year entered in line 5 is for less than 12 m	onths, ched	k reason: Initial re	turn Final return			
Change in accounting period							
7 Sta							
	NECESSARY INFORMATION IN ORDER TO PREPARE AND FILE A COMPLETE AND						
A	ACCURATE TAX RETURN						
8a If I	this application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any			
	nonrefundable credits. See instructions.						
	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun				
	timated tax payments made Include any pri		·	156-51			
	ount paid previously with Form 8868.	•		8b \$			
	c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS						
(Electronic Federal Tax Payment System). See instructions.   8c \$   Signature and Verification must be completed for Part II only.							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Signature	· Pubual (Somm	$\mathcal{U}_{\mathbf{I}}$	Title A CD2	Data N. no (02 (02)			
Cignature	- V / U - U - U - U - U - U - U - U - U - U		Title ► CPA	Date ► 08/07/201			