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Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

FOR C	alen	dar year 2014 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer Identification	n number
_T	HE	ALBERTA AND HENRY STRAG	GE FOUNDATION	1	13-3411143	3
		nd street (or P O box number if mail is not delivered to street		Room/sulte	B Telephone number	
_ <u>C</u>	<u>/0</u>	CHARLES J GROPPE 521 F	IFTH AVE		212-682-00)20
		wn, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is a	pending, check here
N	EW	YORK, NY 10175				
G C	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85 % test, omputation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	itus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust (Other taxable private founda	tion	under section 507(b)(1)(A), check here
I Fa	ir ma	rket value of all assets at end of year J Accountin	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
			her (specify)	 	under section 507(b)(1	
	-	200,355. (Part I, colui	mn (d) must be on cash b	oasis)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	76.	n n n n nammin n-aw	N/A	
	2	Check ► X if the foundation is not required to attach Sch. B				
i	3	Interest on savings and temporary cash investments		<u> </u>		······································
	4	Dividends and interest from securities	2,924.	2,924	•	STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Ş	7	assets on line 6a Capital gain net income (from Part IV, line 2)	.,	0	<u>.</u>	
æ	8	Net short-term capital gain				
	9	Income modifications			"	
	10a	Gross sales less returns and allowances		······································		
	_	Less Cost of goods sold	1-1114	*** ******** **, * ** * * *	· · · · · · · · · · · · · · · · · · ·	
		Gross profit or (loss)				
	11	Other income				1-11-11-11-11-11-11-11-11-11-11-11-11-1
	12	Total. Add lines 1 through 11	3,000.	2,924	•	
	13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
	14	Other employee salaries and wages	,			
	15	Pension plans, employee benefits	/			
ses	16a	Legal fees RECEIVED				•
Sen.	b	Accounting fees STMT 20	1,380.	0	•	1,380.
Ä	C	Other professional fees JUN 1 5 2015				
<u>.</u>	17	interest to the term of the te				
tra	18	Taxes STMT 3 c	26.	0	•	0.
is:	19	Depreciation and depletion DEN, UT				
Operating and Administrative Expen	20	Occupancy			<u> </u>	-
Ϋ́Þ	21	Travel, conferences, and meetings				ļ · · · · ·
ě	22	Printing and publications	F.		-	F.0
ing	23	Other expenses STMT 4	50.	0	•	50.
erat	24	Total operating and administrative	1 460	^		1 420
ŏ		expenses. Add lines 13 through 23	1,456. 46,810.	0	•	1,430. 46,810.
_	25	Contributions, gifts, grants paid	40,010.			40,010.
	26	Total expenses and disbursements.	48,266.	0		48,240.
	27	Add lines 24 and 25	40,200		•	30,230.
	27		-45,266.		1	
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	43,200.	2,924		H
		Adjusted net income (if negative, enter -0-)		21724	N/A	-
	_		I		1/	

SCANNED JUN 2 4 2015

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

<u>For</u>	m 99	0-PF(2014) THE ALBERTA AND HENRY S			3411143 Page 2
P	arĭ	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_		Colorina arroado de los citos de year arroades della	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	73,588.	27,296.	27,296.
		Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable -		1	
	_	Less allowance for doubtful accounts			
	_	Grants receivable			
	Ь	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable		1	
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	10-	Prepaid expenses and deferred charges Investments - U S and state government obligations		·	
			117,026.	118,052.	173,059.
			117,020.	110,032.	1/3/037.
		Investments - corporate bonds Investments - land, buildings, and equipment basis	•		144 T - 144 F F F F F F F F F F F F F F F F F F
	''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other	· · · · · · · · · · · · · · · · · · ·		
	ı	Land, buildings, and equipment basis	,		1 1000
	' 7	Less accumulated depreciation	:	1	
	15	Other assets (describe)			
	ı	Total assets (to be completed by all filers - see the			
	'	instructions Also, see page 1, item I)	190,614.	145,348.	200,355.
_	17	Accounts payable and accrued expenses			······································
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			ν.
abil	21	Mortgages and other notes payable			
Ξ	1	Other liabilities (describe)			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ő	24	Unrestricted	190,614.	145,348.	
Net Assets or Fund Balances	25	Temporarily restricted .			
Ä	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			
Ϋ́F		and complete lines 27 through 31.			
ţş	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Ä	29	Retained earnings, accumulated income, endowment, or other funds	100 (14	145 240	
ž	30	Total net assets or fund balances	190,614.	145,348.	
		**	190,614.	145,348.	
_	31	Total liabilities and net assets/fund balances		145,540.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	190,614.
2	Ente	r amount from Part I, line 27a		2	-45,266.
3		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	145,348.
		reases not included in line 2 (itemize)		5	145 249
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	145,348.
					Form 990-PF (2014)

Part IV	Capital Gains a	and Los	ses for Tax on In	vestment	Income							
			l(s) of property sold (e g common stock, 200 shs			(b) H	How acquire - Purchase - Donation	d (c) Date acq (mo , day,		(d) Date sold (mo , day, yr)	
<u>1a</u>												
<u> </u>	NO	NE										
d										-		
e									<u> </u>			
	iross sales price		preciation allowed (or allowable)	,	t or other basis opense of sale			i	(h) Gain (e) plus (f)	or (loss) minus (
a												
<u>b</u>												
<u>c</u>												
d												
Complet	te only for assets showing	g gain in co	olumn (h) and owned by t	the foundation	on 12/31/69			(1) G	iains (Coi	(h) nain	minus	_
			Adjusted basis		cess of col (I)			col (k	c), but not	less than	n -0-) or	
(I) F M	V as of 12/31/69	а	s of 12/31/69	over	col (j), if any			1	osses (fro	om cor (a)) 	
<u>a</u>												
<u>b</u>												
_ <u>c</u>												
e						\neg						
2 Capital oa	ain net income or (net ca	oital loss)	If gain, also enter			}	2					
	•		ed in sections 1222(5) an		•	7						_
	so enter in Part I, line 8,		50 III 560110115 1222(5) 811	u (u)]						
If (loss),	enter -0- in Part I, line 8			i			3					
			ection 4940(e) for					inco	me			
(For optional	i use by domestic private	toundation	is subject to the section 4	1940(a) tax on	net investment in	come	e.)					
if section 49	40(d)(2) applies, leave th	iis part blar	ık									
Was the four	ndation liable for the sect	ion 4942 ta	x on the distributable am	ount of any ye	ar in the base per	riod?					Yes X N	۷o
		_	ection 4940(e). Do not co									
1 Enter the		ach colum	n for each year; see the ir	istructions bef	ore making any e	ntries	3				(d)	
Calendar	(a) Base period years year (or tax year beginnii	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) ncha	ritable-use a		(00		oution ratio uded by col (c))	
	2013		4	6,034.			240,				.19124	
	2012			6,992.			144,6				.11743	
-	2011 2010	-	_	0.			141,	104.	-		.00000	
	2009										•	
2 Total of I	line 1, column (d)								2		.30867	<u>79</u>
			period - divide the total (on line 2 by 5,	or by the number	of ye	ars				1000	^ ~
the found	dation has been in exister	nce if less t	han 5 years		-				3		.10289	13
4 Enter the	net value of noncharitab	le-use asse	ets for 2014 from Part X,	line 5					4		206,255	5.
5 Multiply	line 4 by line 3			-					5		21,222	2.
6 Enter 1%	of net investment incon	ne (1% of P	art I, line 27b)					•	6		29	9.
7 Add lines									7		21,251	1.
	alifying distributions fron	n Part XII li	ine 4	-	-		•		8		48,240	
If line 8 ii	s equal to or greater than		ck the box in Part VI, line	 1b, and comp		ng a 1	% tax rate		_ -			
See the F	Part VI instructions						· · · · · ·					

Form 990-I		ALBERTA									-3411			Page 4
Part Vi	Excise Tax Bas	ed on Inves	tment In	come	(Section 49	940(a),	4940(b)	, 4940(e), or 4	948	- see i	nstru	ctio	ns)
1a Exem	pt operating foundations de	scribed in section	1 4940(d)(2)	, check he	ere 🕨 🔲 and	d enter "N/	A" on line 1	1.)					
	of ruling or determination le													
b Dome	stic foundations that meet t	the section 4940(e) requireme	ents in Par	t V, check here	$\triangleright [X]$	and enter	1%	þ	1				29.
of Pa	t I, line 27b							-	1					
	ner domestic foundations er							, col (b))					_
	nder section 511 (domestic	section 4947(a)(1) trusts and	d taxable fo	oundations only	. Others er	iter - 0-) .		••	2	<u> </u>			0.
	nes 1 and 2 .									3				29.
	de A (income) tax (domestic				-	Others e	nter -0-)	-		4_	<u> </u>			0.
	ased on investment incom	e. Subtract line 4	from line 3	if zero or	less, enter -0-				-	5				29.
	s/Payments.					1.	1							
	estimated tax payments and			to 2014		6a	<u> </u>			-				
	pt foreign organizations - ta				•	6b	1	<u></u>		-		,		
	aid with application for exte		le (Form 886	58) .	•	6c	<u> </u>			-				
	ip withholding erroneously					6d	ļ .	-		∤ .				0.
	credits and payments Add	•			4 F 0000					7	-			<u> </u>
	any penalty for underpaymue. If the total of lines 5 and					attacneo				8				29.
								••		10	1			<u> </u>
	payment. If line 7 is more the the amount of line 10 to be				mount overpaid	1	-	l Bofu	nded >	11	 			
	I-A Statements I				<u></u>		· ·	Ineiu	nueu 🚩	11	J			
	g the tax year, did the found				state or local le	nislation o	r did it nai	rticinate n	r intervene	in .		r	Yes	No
	olitical campaign?	aution attornpt to		y matromar,	5,610, 51 10041 10	giolation	d.d pu	itioipato o				1a		X
	spend more than \$100 dur	ing the year (eithe	er directly or	indirectly)	for political pur	rooses (se	e instructio	ons for the	definition	1)?		1b		X
	answer is "Yes" to 1aoi		-											
	buted by the foundation			-										
	e foundation file Form 112											10		X
	the amount (if any) of tax of	-		on 4955)	imposed during	the year.								
	On the foundation 🕨 💲								0.	_				
	the reimbursement (if any)							on founda	ation					
mana	gers > \$	0.					¥.							
2 Has t	he foundation engaged in a	ny activities that h	ave not prev	viously bee	en reported to th	ie IRS?						2		X
If "Yo	es," attach a detailed des	scription of the	activities.											
3 Hast	he foundation made any ch	anges, not previo	usly reported	d to the IR	S, in its governu	ng instrum	ent, article	es of incor	poration,	or				
	s, or other similar instrume											3		X
	ne foundation have unrelate				nore during the	year?	•					4a		X
	s," has it filed a tax return o		-							. r	1/A	4b		
	there a liquidation, terminat				•	ear?						5		X
	es," attach the statemen					J . M								
	ne requirements of section (sections 45	941 throug	jn 4945) satistie	a eitner								
	language in the governing i				- 45-4					a la				
	state legislation that effective		overning ins	strument s	o that no manua	atory unec	tions that t	COMMICE WI	in ine stat	e law		6	Х	1
	in in the governing instrum ne foundation have at least (Stanutima d	urina tha s			Dort II. o	al (a) an	od Dood V			7	X	
, Did t	ie iouiidation nave at least i	ΦΩ'ΩΩΩ III ažzet2 s	at any time u	utility the y	year ii res, t	complete	raitii, C	01. (C), ar	Urain	,		-		1
8a Ente	the states to which the fou	ndation reports o	r with which	it is regist	arad /saa instru	ctions)	•							
NY		ildation reports of	i with winter	it is regist	icica (acciniatia	otions, -								
	answer is "Yes" to line 7, ha	as the foundation	furnished a	copy of Fo	orm 990-PF to th	e Attornes	General /	or design:	nte)					
	ch state as required by Ger						20110101 (J. Goolgiit	,			8b	X	
	foundation claiming status					f section 4	942(1)(3) (or 4942(1)	 (5) for cal	endar	• •			
	2014 or the taxable year be		_						. ,			9		X
-	ny persons become substa								sses			10		Х
											For	m 990	-PF	(2014)

	990-PF(2014) THE ALBERTA AND HENRY STRAGE FOUNDATION 13-3411	143		Page 5
	art 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? Website address NONE	13	Х	<u> </u>
14	The books are in care of ► HENRY STRAGE Telephone no ►0207-6	503-	584	7
•	Located at ▶67 ADDISON ROAD, LONDON UNITED KINGDOM ZIP+4 ▶WI			'
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	15	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the	101		
	foreign country			
p,	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ţ	Yes	No
1:	During the year did the foundation (either directly or indirectly)		.03	140
	(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? Yes X No			
	(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)			
ŀ	of fany 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			<u>-<u></u></u>
,	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 2014?	10	ĺ	Х
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))			
,	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years ▶			
t	2 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	Ì	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>	1		
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
ı	If "Yes," did it have excess business holdings in 2014 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,		•	1
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b	1	
4:	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	·		1
	had not been removed from jegnardy before the first day of the tay year beginning in 20142	4h	ſ	x

Form **990-PF** (2014)

orm 990-PF (2014) THE ALBERTA AND HENRY ST			13-341114	13 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	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	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		🗀 Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		1	
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check hi	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		ſ/A	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 p				
a personal benefit contract?	, p	☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			ib X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	□ Va	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto				
Paid Employees, and Contractors	ees, i ouridation wie	inagers, mgm		
1 List all officers, directors, trustees, foundation managers and their	compensation.		•	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	account, other allowances
	to position	enter'-0-)	compensation	allowalices
SEE STATEMENT 6		0.	o.	0.
DEE STATEMENT 0		 		
•				
			۲	
			_' -	
		1		
	1	UNIONE U		
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	(d) Contributions to	(a) Evnence
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE			}	
			-	
		<u> </u>	_	
		<u></u>		
Total number of other employees paid over \$50,000		·	🕨	0
			Form	990-PF (2014)

Total. Add lines 1 through 3

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	****	
а		1a	166,587.
b	Average of monthly cash balances	1b	42,809.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	209,396.
е	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	209,396.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,141.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	206,255.
6	Minimum investment return. Enter 5% of line 5	6	10,313.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	10,313.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	29.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,284.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10,284.
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	10,284.
P	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		40.040
а	, , , , , , , , , , , , , , , , , , ,	1a	48,240.
b	Program-related investments - total from Part IX-B	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		
а	Suitability test (prior IRS approval required)	3a	
b	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	48,240.
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	29.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	48,211.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies fo	or the section

Form **990-PF** (2014)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, Inc. 7. Inc. 7.	Cope			10,284.
line 7 2 Undistributed income, if any, as of the end of 2014		***************************************	'. .'.'' '''' ''''	10,204.
a Enter amount for 2013 only			0.	
b Total for prior years.	~!·;; ;;; : : :!!!! :: : : ;;;;;;;;;			\- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
a rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2014	** .** !\^\ .** 	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· ····································	·,· · · ·,· · · ·,· · · · · · ·
a From 2009				
b From 2010				
c From 2011				
d From 2012 9,599.				
e From 2013 34,051.		,		
f Total of lines 3a through e	43,650.			
4 Qualifying distributions for 2014 from	10,000			
Part XII, line 4 ►\$ 48,240.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·			''' } ' '' ''
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		 		10,284.
e Remaining amount distributed out of corpus	37,956.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	_			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	81,606.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of pnor 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 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of	Chianten III I	<u> </u>	****	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				ĺ
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	······		**************************************	{}+4<+++++++++++++++++++++++++++++++++++
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.			{	· · · · · · · · · · · · · · · · · · ·
Subtract lines 7 and 8 from line 6a	81,606.			
10 Analysis of line 9	· · · · · · · · · · · · · · · · · · ·		<u> </u>	P-4************************************
a Excess from 2010				
b Excess from 2011				1
c Excess from 2012 9,599.				
d Excess from 2013 34,051.				!
e Excess from 2014 37,956.				
423581 11-24-14				Form 990-PF (2014)

Form 990-PF (2014) THE ALB Part XIV Private Operating F		NRY STRAGE		13-34 N/A	11143 Page 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling o foundation, and the ruling is effective fo					
b Check box to indicate whether the found		=	un continu	4042(1)(2) or 4	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing touridation described	Prior 3 years	4942(j)(3) or4	942(J)(5)
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	(2) 2011	(5) 2010	(5) 2012	(4) 2511	(0) 10:01
investment return from Part X for					
each year listed			-		
b 85% of line 2a	· · · · · · · · · · · · · · · · · · ·				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				1	
used directly for active conduct of				1	
exempt activities	, <u></u>				
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 alternative test relied upon					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(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,				1	
dividends, rents, payments on securities loans (section				1	
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		<u> </u>			
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5 000 or m	ore in assets
at any time during t			ii tile loundano,	1 11dd 40,000 01 111	
1 Information Regarding Foundation					
a List any managers of the foundation wh	_	than 2% of the total con-	tributions received by the	foundation hafore the cla	nea of any tay
year (but only if they have contributed i			inibations received by the	s toutination before the cit	JSG OF any tax
SEE STATEMENT 7	· · · · · · · · · · · · · · · · · · ·				
b List any managers of the foundation wh	o own 10% or more of the	he stock of a corporation	/or an equally large port	on of the awaership of a	nartnerchin er
other entity) of which the foundation ha			(or all equally large port	on of the ownership of a p	partitionship of
NONE	• • • • • • • • • • • • • • • • • • •				
	ion Cront Citt I	Cabalanahin ata D			
2 Information Regarding Contribut Check here ► X if the foundation of					
the foundation makes gifts, grants, etc.					
	`				
a The name, address, and telephone num	ider or e-mail address of	the person to whom app	ications should be addre	ssed.	
b The form in which applications should	ne submitted and informa	ation and materials they s	hould include	•	
		ation and materials tricy s	Troute metade		
c Any submission deadlines					
d American as limited	a analy as because of	alaman shambels Esti	lundo of bib. b	alba-fast	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields	, kinas of institutions, or	outer factors	

Form 990-PF (2014) THE ALBERTA AN	D HENRY S	TRAGE FOU	INDATIO	<u>13-3</u>	411143 Page 12
Part XVI-A Analysis of Income-Produ	cing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	code	Amount	function income
a					1 122
b					·····
C	I I				
d					
е	I I				
<u> </u>					•
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments					
4 Dividends and interest from securities			14	2,924.	
5 Net rental income or (loss) from real estate			- 		
a Debt-financed property	<u> </u>				
b Not debt-financed property				-	
					
6 Net rental income or (loss) from personal	ļ				
property					
7 Other investment income	ļ				
8 Gain or (loss) from sales of assets other					
than inventory .					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	2,924.	0.
13 Total. Add line 12, columns (b), (d), and (e)	••			13	2,924.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accor	aplichment of	Evennt D	ILLUCEDE	
Telationship of Activities	to the Accor	ipiisiirieii oi	Exciliption	ui poses	
Line No. Explain below how each activity for which inc	ome is reported in a	column (e) of Part XV	/I-A contributed	I importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing fund	s for such purposes)	1		
	•				
	-				
					

423621 11-24-14

in section	501(c) of the Code (other than section 501(c)(3)) or in se	ction 527?		Yes X No
b If "Yes," co	emplete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description	on of relationship
	N/A			
	0.1			
Sign Here	penalties of perjury, I declare that I have examined this return, includeller, it is true, correct, and complete Declaration of preparer (other the latter of officer or that it			edge return with the preparer
Paid Preparer Use Only		& KOHLER, P.	Date Check Sett employ 2 7 201. A. Firm's EIN	PTIN pd P00037291 ► 65-0218667
	Firm's address ► 380 COLUMBIA DRI WEST PALM BEACH		Phone no	(561)640-9800

EXTENSION ATTACHED

423622 11-24-1

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager or substantial contributor status of Name and address (home or business) recipient TEMPLE SINAI PC UNRESTRICTED GIFT 5645 DUPREE DR NW 180. SANDY SPRINGS, GA 30327 WORCESTER POLYTECHNIC INSTITUTE ÞC SUPPORT OF ATHLETIC 100 INSTITUTE ROAD PROGRAMS AND STUDENT WORCESTER, MA 01609-2280 AWARDS 20,000. Total from continuation sheets 20,180.

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	RITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	2,924.		0. 2,924.	2,924.	
TO PART I, LINE 4	2,924.		2,924.	2,924.	
FORM 990-PF		ACCOUNTI	NG FEES	នា	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		1,380.	0.		1,380.
TO FORM 990-PF, PG 1,	LN 16B	1,380.	0.		1,380.
FORM 990-PF		TAX	ES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX		26.	0.		0.
TO FORM 990-PF, PG 1,	LN 18	26.	0.		0.
FORM 990-PF	·	OTHER E	XPENSES	Si	FATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DEDORLE I I ON					
STATE FILING FEE		50.	0.		50.

FORM 990-PF C	CORPORATE STOCK			STATEMENT 5	
DESCRIPTION		BOOK VALUE		MARKET ALUE	
INTL BUSINESS MACHINES	_	25,23	10 -	39,381	
BERKSHIRE HATHAWAY B NEW		28,16	66.	45,045	
ROYAL BK SCOTL		11,69		12,425	
SCHW US BRD MKT ETF SCHW US LCAP GRO ETF	26,54 26,41				
TOTAL TO FORM 990-PF, PART, II, LI	118,05	2.	173,059.		
	T OF OFFICERS, DI		STATI	EMENT	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
HENRY STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL	PRESIDENT 1.00	0.	0.	0	
ALBERTA STRAGE 67 ADDISON ROAD LONDON, UNITED KINGDOM W14 8JL	VICE PRESIDENT 1.00	0.	0.	C	
GEOFFREY STRAGE 140 BELLA VISTA AVE BELVEDERE, CA 94920	DIRECTOR 0.00	0.	0.	C	
SUSAN STRAGE YOUNG 29 PEMBRIDGE GARDENS LONDON, UNITED KINGDOM W24 4EB	DIRECTOR 0.00	0.	0.	C	
JENNIFER JACKSON STRAGE 2106 CHAGALL CIRCLE W PALM BEACH, FL 33409	DIRECTOR 0.00	0.	0.	C	
SONYA STRAGE 1751 E GIRARD PL. NO 722 ENGLEWOOD, CO 80113	DIRECTOR 0.00	0.	0.	C	
ENGLIMOOD, CO 00113					

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

HENRY STRAGE ALBERTA STRAGE

17

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.nov/form8866

OMB No. 1545-1709

	P Information about 1 of 11 oco						
If you are filing for an Au	itomatic 3-Month Extension, complet	e only Pa	rt I and check this box			X	
	ditional (Not Automatic) 3-Month Ext			his form).			
	<i>inless</i> you have already been granted a				m 8868.		
Electronic filing <i>(e-file)</i> . Y	ou can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a corp	oration	
), or an additional (not automatic) 3-mor						
of time to file any of the fo	rms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With Ce	rtain	
Personal Benefit Contract:	s, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this t	orm,	
visit www.irs.gov/efile and	click on e-file for Charities & Nonprofits	•	·				
Part I Automat	ic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).			
A corporation required to f	ile Form 990-T and requesting an auton	natic 6-mc	onth extension · check this box and o	complete	•		
Part I only		_			▶		
All other corporations (incl	uding 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
to file income tax returns.			<u> </u>		r's identifying nur	nber	
					Employer identification number (EIN) or		
print	, , ,						
	THE ALBERTA AND HENRY STRAGE FOUNDATION						
File by the due date for Number, stree						l)	
filing your C/O CHA	RLES J GROPPE 521 FI	FT 2	AVE I DV				
	oost office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
NEW YOR	K, NY 10175						
Enter the Return code for	the return that this application is for (file	a separa	te application for each return)			0 4	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)		09		
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or	408(a) trust)	05	Form 6069			11	
Form 990-T (trust other that		06	Form 8870			12	
	HENRY STRAGE						
	are of ▶ 67 ADDISON ROAL	O - P	ONDON UNITED KINGD	OM W1	4 8JL		
Telephone No. ► 02	07-603-5847		Fax No. ▶				
			·				
 If the organization does 	s not have an office or place of business	s in the Ur	nited States, check this box		.		
-				f this is fo	the whole group,	check this	
If this is for a Group Re	s not have an office or place of business	Group Exe					
 If this is for a Group Rebox If it is for page 1 	s not have an office or place of business turn, enter the organization's four digit	Group Exe	emption Number (GEN) I ach a list with the names and EINs of	all memb			
 If this is for a Group Rebox If it is for page 1 	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box	Group Exe and atta required	emption Number (GEN) I ach a list with the names and EINs of	all memb until	ers the extension is		
If this is for a Group Rebox If it is for poly in the second of the se	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exempon's return for:	Group Exe and atta required	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time	all memb until	ers the extension is		
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exempon's return for:	Group Exe and atta required	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time	all memb until	ers the extension is		
If this is for a Group Rebox If it is for poly in the second of the se	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exemplon's return for: ar 2014 or	Group Exe and atta required t organiza	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time	all memb until	ers the extension is		
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exemplon's return for: ar 2014 or	Group Exe and atta required t organiza	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name	all memb until	ers the extension is		
● If this is for a Group Rebox ▶ If it is for point if it is for the organization ▶ X calendar ye tax year beginning.	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exemplon's return for: ar 2014 or	Group Exe and atta required t organiza , an	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named ad ending	all memb until	ers the extension is The extension		
● If this is for a Group Rebox ▶ If it is for positive in the second in the secon	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exempton's return for: ar 2014 or ginning	Group Exe and atta required t organiza , an	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named ad ending	all memb until ed above.	ers the extension is The extension		
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exemplor's return for: ar 2014 or ginning ded in line 1 is for less than 12 months, contains turn for the second se	Group Exe and atta required t organiza , an	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending	all memb until ed above.	ers the extension is The extension	s for.	
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exempon's return for: ar 2014 or ginning ed in line 1 is for less than 12 months, counting period	Group Exe and atta required t organiza , an	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending	all memb until ed above.	ers the extension is The extension		
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit cart of the group, check this box title 3-month (6 months for a corporation 5, 2015, to file the exemplor's return for: ar 2014 or ginning ded in line 1 is for less than 12 months, counting period for Forms 990-BL, 990-PF, 990-T, 4720	Group Exe and atta required t organiza , an theck reas	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named ad ending Initial return enter the tentative tax, less any	all memb until ed above.	ers the extension is The extension	0 .	
If this is for a Group Rebox	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015 , to file the exempon's return for: ar 2014 or ginning ed in line 1 is for less than 12 months, counting period for Forms 990-BL, 990-PF, 990-T, 4720 atts. See instructions.	Group Exe and atta required t organiza , an theck reas , or 6069,	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending Initial return enter the tentative tax, less any y refundable credits and	all memb until ed above.	ers the extension is The extension	s for.	
● If this is for a Group Rebox ▶ . If it is for positive in the second	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exempton's return for: ar 2014 or ginning ed in line 1 is for less than 12 months, cocounting period for Forms 990-BL, 990-PF, 990-T, 4720, its. See instructions.	Group Exe and atta required t organiza , an check reas , or 6069, , enter an payment a	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending Initial return enter the tentative tax, less any y refundable credits and allowed as a credit.	all memb until ed above. Final retur	ers the extension is The extension	0 . 0 .	
● If this is for a Group Rebox ▶ . If it is for post if it is for the organization. ▶ X calendar ye ▶ . If the tax year entered the calendar is a lift this application is estimated tax paymore. Balance due. Subtraction.	s not have an office or place of business turn, enter the organization's four digit art of the group, check this box titic 3-month (6 months for a corporation 5, 2015, to file the exemplor's return for: ar 2014 or ginning ed in line 1 is for less than 12 months, counting period for Forms 990-BL, 990-PF, 990-T, 4720 its. See instructions. for Forms 990-PF, 990-T, 4720, or 6069 ents made. Include any prior year overgents.	Group Exe and atta required t organiza , an check reas , or 6069, , enter an payment a	emption Number (GEN) I ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization name and ending Initial return The tentative tax, less any y refundable credits and allowed as a credit. The this form, if required,	all memb until ed above. Final retur	ers the extension is The extension	0 .	