

### 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

**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.

OMB No 1545-0052

Department of the Treasury

			lar year 2015 or tax year beginning JUL	1, 2015	, and e	nding	JUN 30, 2016		
Name of foundation							A Employer identification	number	
			•				00 1645000		
			LD & IRENE STRAUSS FOU				20-1645282	<u> </u>	
			d street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	0.4	
			MAPLEWOOD AVE				940 696 24		
			wn, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here	
			HITA FALLS, TX 76308	Latte Landous and a de		haribe	B. 4. Foreign organizations	a shook hara	
G	Che	ck:	all that apply: Initial return	Initial return of a fo	ormer public c	нагну	<b>D</b> 1. Foreign organizations	s, check here	
			Final return Address change	Name change			Foreign organizations me check here and attach co	eeting the 85% test,	
	Cho	<u> </u>	type of organization: X Section 501(c)(3) ex				E If private foundation sta		
η,				Other taxable private found	ation		under section 507(b)(1)		
<u> </u>				ng method: X Cash	Accr	ual	F If the foundation is in a		
			Part II. col. (c), line 16)	ther (specify)			under section 507(b)(1)		
	▶\$		1,122,584.31 (Part I, colu	mn (d) must be on cash i	basis.)			····	
_	art	1	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable purposes	
			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco	ome	income	(cash basis only)	
)	Π.	1	Contributions, gifts, grants, etc., received				N/A		
3	:	2	Check If the foundation is not required to attach Sch. B	2 25	<u>-</u>	0 25	<u> </u>	G	
NNED	;		Interest on savings and temporary cash investments	0.35		0.35		Statement 1	
Z	- 1	-	Dividends and interest from securities	106,946.78	100,	946.78		Statement 2	
Ö	1		Gross rents			1			
			Net rental income or (loss)	4,559.41	15 10				
AON	e (	5a	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a 92,805.68	4,559.41					
o Vo					4	559.41			
ಲ	<b>~</b> :		Capital gain net income (from Part IV, line 2)  Net short-term capital gain			<u> </u>			
	13		Income modifications	77 12 - 17 10 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,'		3	
2016	1,		and allowances	19 10 10 10 10 10 10					
90	- [ "		Less Cost of goods sold	1 1 1 1 1 1 1 1 1 1 1 1	A. I.				
			Gross profit or (loss)		1				
	1		Other income						
	1	2	Total. Add lines 1 through 11	111,506.54		<u>506.54</u>			
	13	3	Compensation of officers, directors, trustees, etc	0.00		0.00		0.00	
	1		Other employee salaries and wages						
	ا1   س		Pension plans, employee benefits			<del> </del>		<u> </u>	
	2 1		Legal fees	2 075 00	1	987.50		1,987.50	
	expense:		Accounting fees Stmt 3	3,975.00		625.66		0.00	
۱	֝֞֞֞֜֞֞֓֞֓֞֓֞֓֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֡֓֓֡֝֡֓֜֝֡֓֡֝֝֝֡֓֡֡	_C	Other professional fees Stmt 4	14,625.00	14,	023.00		0.00	
97 198	Administrative to 1 1 1 2 2	/ ^	Interest Taxes Stmt 5	765.96		0.00		0.00	
7 .	STE	0 n	Taxes Stmt 5 Depreciation and depletion	703.50		0.00		3,00	
10 AON	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	n N	Occupancy						
3 :		Մ 1	Travel, conferences, and meetings						
<b>z</b> .	2 and	,	Printing and publications						
	평 2		Other expenses						
<b>⊕</b> :	perating 2		Total operating and administrative						
įč		•	expenses. Add lines 13 through 23	19,366.62	16,	613.16		1,987.50	
W Batching Ögden	<b>~</b>	5	Contributions, gifts, grants paid	59,500.00	,	,	•	59,500.00	
38			Total expenses and disbursements.						
<u> </u>	$\perp$		Add lines 24 and 25	78,866.62	16,	<u>613.16</u>		61,487.50	
	2	7	Subtract line 26 from line 12:		4	<i>v</i> = <i>i</i>			
		a	Excess of revenue over expenses and disbursements	32,639.92		,			
			Net investment income (if negative, enter -0-)	\$ 5°	94,	893.38			
==	2500		Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		N/A	Form <b>990-PF</b> (2015)	
52 11	3501 -24-1	5	LHA For Paperwork Reduction Act Notice, see	instructions.				FOITH <b>330-FF</b> (2015)	

					)-1645282 Page 2			
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	<del>, '</del>			
<u>~</u>			(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	5,968.39					
		Savings and temporary cash investments	1,070.92	9,459.63	9,459.63			
	3	Accounts receivable ►			~			
		Less: allowance for doubtful accounts						
	4	Pledges receivable						
	ł	Less; allowance for doubtful accounts						
	5	Grants receivable .			<u></u>			
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable		· · · · ·				
		Less; allowance for doubtful accounts			<u> </u>			
ţ	8	Inventories for sale or use			<u></u>			
Assets	9	Prepaid expenses and deferred charges		51.07	51.07			
⋖	10a	Investments - U.S. and state government obligations						
	b	Investments - corporate stock Stmt 6	613,577.17					
	C	Investments - corporate bonds Stmt 7	406,550.68	401,999.99	387,628.85			
	11	Investments - land, buildings, and equipment basis		attended to the section of the secti	- Commence of the second of th			
		Less accumulated depreciation						
	12	Investments - mortgage loans			<del>-</del>			
	13	Investments - other .						
	14	Land, buildings, and equipment basis 🛌						
		Less accumulated depreciation		<u> </u>				
	15	Other assets (describe						
	16	Total assets (to be completed by all filers - see the						
_		instructions. Also, see page 1, item I)	1,027,167.16	1,059,807.08	1,122,584.31			
	17	Accounts payable and accrued expenses						
	18	Grants payable			1			
S	19	Deferred revenue .						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			;			
ap	21	Mortgages and other notes payable						
_	22	Other liabilities (describe >)			,			
	23	Total liabilities (add lines 17 through 22)	0.00	0.00				
		Foundations that follow SFAS 117, check here						
<b>"</b>		and complete lines 24 through 26 and lines 30 and 31.			•			
č	24	Unrestricted .						
Net Assets or Fund Balances	25	Temporarily restricted						
Ä	26	Permanently restricted						
Ĕ		Foundations that do not follow SFAS 117, check here						
Ē	}	and complete lines 27 through 31.						
S S	27	Capital stock, trust principal, or current funds	0.00	0.00	}			
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.00	0.00	ı			
ž	29	Retained earnings, accumulated income, endowment, or other funds		1,059,807.08				
Š	30	Total net assets or fund balances	1,027,167.16	1,059,807.08	1			
			<u> </u>		1			
	31	Total liabilities and net assets/fund balances	1,027,167.16	1,059,807.08				
P	art	Analysis of Changes in Net Assets or Fund B	alances					
_								
		net assets or fund balances at beginning of year - Part II, column (a), line	30		4 005 445 45			
	•	st agree with end-of-year figure reported on prior year's return)		1	1,027,167.16			
		amount from Part I, line 27a	•	2	32,639.92			
		r increases not included in line 2 (itemize)		3	0.00			
		lines 1, 2, and 3		4	1,059,807.08			
		eases not included in line 2 (itemize)	aluma (h) lua 00		0.00			
<u>6</u>	<u>I otal</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		1,059,807.08 Form <b>990-PF</b> (2015)			
					FULLI 230-F F (2015)			

(a) List and desc	ribe the ki	osses for Tax on In ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,		(b) D	How acquired - Purchase - Donation	(0	c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a										
b See Attached	Sta	tement								
<u>c</u>					<u> </u>		┦_			
d					↓		1			
е										<del></del>
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (l (e) plus (f) min		
8								<del>_</del>		
<u>b</u>			<del></del> -	<del> </del>						<del></del>
<u>c</u>		· · · · · · · · · · · · · · · · · · ·								
02 005 60				88,246.	27					4,559.4
e 92,805.68 Complete only for assets showin	O OSID ID	column (h) and owned by t	he foundation		41		//\ C	Carpo (Col. (b) a		
Complete only for assets showing							col. (k	iaıns (Col. (h) g <), but not less	ann minn than -0-	us ) or
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), ıf any			,	osses (from c	ol. (h))	,
•						<del></del> -				
<u>a</u>										•
<u>b</u>				<del></del>						<del></del>
<u>c</u>										<del></del>
<u>d</u>										4,559.4
<u>e</u>				_	$\overline{}$					4,333.4.
2 Capital gain net income or (net ca	pital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 7	}	2		<del></del>		4,559.4
Net short-term capital gain or (los If gain, also enter in Part I, line 8,			d (6):		J				_	
If (loss), enter -0- in Part I, line 8  Part V Qualification U			<del></del> ,		لك	3		N/	<u>A</u>	
f section 4940(d)(2) applies, leave th Vas the foundation liable for the sect f "Yes," the foundation does not qual	ion 4942 ify under	tax on the distributable ame	mplete this par	rt.						Yes X No
Enter the appropriate amount in e	ach colu	mn for each year; see the in	structions bef	ore making any e	ntries	S				
(a) Base period years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying dist		Net value of no		rıtable-use ass		Dıs (col. (b)	(d) tribution divided	by col. (c))
2014		57,	516.49	1	.,2	<u>52,417</u>	.54			.045924
2013			200.69	<u>_1</u>	<u>, 1</u>	<u>97,659</u> .	62			.04442
2012		51,	520.42			<u>91,303</u>				.04721
2011		48,	699.11			<u> 27,031</u>				.04741
2010		48,	518.48	1	. , 0	<u>46,626</u> .	.83			.04635
? Total of line 1, column (d)								2		.231329
Average distribution ratio for the 5 the foundation has been in exister	-	•	n line 2 by 5, o	or by the number	of ye	ars		3		.046266
Enter the net value of noncharitab	le-use as:	sets for 2015 from Part X, I	ine 5					4 1	,15	3,323.01
Multiply line 4 by line 3								5	5	3,359.64
Enter 1% of net investment incom	e (1% of	Part I, line 27b)						6		948.93
Add lines 5 and 6								7	5	4,308.5
Enter qualifying distributions from								8	6	1,487.50
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ch	eck the box in Part VI, line	1b, and comp	ete that part usin	g a 1	% tax rate.		<del></del>		<b>990-PF</b> (2015
23521 11-24-15									Γ	UUI 1_DE /2044

HAROLD & IRENE STRAUSS FOUNDATION

Form,990-PF (2015)

20-1645282

Page 3

<u>orn</u>			<u> 1043</u>			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u>48 -</u>	see i	nstr	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 🕨 🗶 and enter 1%	1			948	.93
	of Part I, line 27b	·	4		7	
C	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-)	2				.00
3	Add lines 1 and 2	3				<u>.93</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				.00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			<u>948</u>	<u>.93</u>
6	Credits/Payments:	j				
8	2015 estimated tax payments and 2014 overpayment credited to 2015 . 6a 1,000.00					
	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)	- 1				
đ	Backup withholding erroneously withheld . 6d .					
	Total credits and payments. Add lines 6a through 6d	7		<u> </u>	<u>000</u>	<u>.00</u>
	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	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				.07
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 51.07 Refunded ▶	11			0	.00
	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	)		<u> </u>	Yes	_
	any political campaign?			_1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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				
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			_1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0.00 (2) On foundation managers. ► \$ 0.00			[		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ▶ \$ 0.00					
2	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.			! '		ł
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			-		37
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/ 73	4a		_ <u></u> _
	If "Yes," has it filed a tax return on Form 990-T for this year?  Went have a liquidation termination, discolution, or substantial contraction during the year?	14 /	A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.			5		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					1
O	By language in the governing instrument, or				. ,	,
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la</li> </ul>	114/				
	remain in the governing instrument?	. **		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
•	bio the realization right at least to the control at any time during the year. It is year, at the control at th					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	TX				1	:
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				- }	i
_	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 calend	ar				+- J
-	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			_10		X
			For	m <b>99</b> 0	-PF	

		<u>645282</u>	2	Page :
Pa	art VII-A Statements Regarding Activities (continued)			T
			Yes	No
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> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			ļ
	If "Yes," attach statement (see instructions)	12	<u> </u>	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 ▶ The Foundation Telephone no. ▶ 940			
	Located at ► 3705 MAPLEWOOD AVE, WICHITA FALLS, TX ZIP+4	<u>76308</u>	3	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here			· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2015, 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?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pε	art 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.		Yes	No
18	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?	No l		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ło		ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		i '	l
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		ĺ '
	(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)?	40		
	(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			ĺ
	termination of government service, if terminating within 90 days.)	J.		i '
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	•	]	i
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A. 1b		
	Organizations relying on a current notice regarding disaster assistance check here		╁	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	-		
Ü	before the first day of the tax year beginning in 2015?	10		X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	16		
2	·			
	defined in section 4942(j)(3) or 4942(j)(5)):  At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ļ		. :
•	before 2015?	.		
		"		
	If "Yes," list the years >,,,,,			i
U	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.)	A Zb		
_	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2 20		
G				!
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
Ja				
	· ·	,0		1
0	of "Yes," did it have excess business holdings in 2015 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			1
	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,		-	j
	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A			<del></del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	<u> </u>
0	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 jeopardy before the first day of the tax year beginning in 2015?	4b		X
	που ποι ρεεπτεπιονέα ποιπ ιεοραταγ ρετοτε της πιστ άαν οι της ίαλ γοαι ρεμπηπήμ τη ΔΟΤΟ!	i 40		_

Pert VII-B  Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2015) HAROLD & IRENE STRAUSS F	OUNDATION	Peguired (seek	20-16452	82	Page 6
(2) Influence the outcome of any specific public election (see section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an organization of travel, study, or other similar purposes?  (4) Provide a grant to an organization offer than a charitable, etc., organization described in section 4945(0)4(A)7 (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b II any answer is "8s' to 5a(1)-(5), did say of the transactions fail to qualify under the exceptions described in Regulations section 54.495 or in current notice regarding diseaster assistance check here  c If the answer is "8s' to to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes "X No b If "Yes "X ob, line Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address foundation managers and their compensation.  (b) Tiglia, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none		FOITH 4/20 Way be i	Tequiled (contin	luea)		т
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than a charitable, etc., organization described in section  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) If any answer is "Yes" to \$1(7)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance clase instructions)?  (7) Organizations relying on a current notice regarding disaster assistance clase instructions)?  (8) If when the same of the following the seed of the transaction from the tax because it maintained expenditure responsibility for the grant?  (9) If "Yes," attach the statement required by Regulations section 53.4945-5(d).  (8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) "Yes to 6b, file Form 8870.  7 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  (a) If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  (a) If year, did the foundation receive any proceeds or have any net income attributable to the transaction?  (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (file in the paid, or prohibition and party to a prohibition of the highest-paid employees, and Contractors  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Compensation of five highest-paid employees (other than those included on line 1). If none, enter	· · · · · · · · · · · · · · · · · · ·	- 4045(0))9		<del>[</del> ]		
any vote registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(4)(4)(4)(4)(4) (see instructions)  (5) Provide or any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "fes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 5b  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 7e No  N/A 7es				ES LALINO	-	<b>'</b> ,
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section  (4) Provide or any purpose other than eclipious, charitable, etc., organization described in section  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  5b  N/A  5c  N/A  7c  N/A  1 Yes  No  1 Yes, attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pear permiums, directly or indirectly, to pay premiums on a personal benefit contract?  b If Yes, of the form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average (c) Compensation (fit not paid, enter-1)  (d) Contractors  (e) Expense account, other accounts, other accounts, other accoun	·	or to carry on, unecting or main		🔽 ".	- [	ļ
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(0)(4)(A) (See instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to chidren or animals?  b If any answer is "Ses' to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is "Ses' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (a) Name and address  OUGLAS C ARMSTRONG  PRES/DIRECTOR  370 5 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  O.10  O.00  O.0		o.				
4945(d)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is Yes' to Sq.(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  Sb  N/A  1' Yes	• • • • • • • • • • • • • • • • • • • •			ES LAL NO	)`	··
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any answer is "Set to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 53(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Vill' Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation allowances allowances allowances allowances allowances allowances allowances allowances and average MICHITA FALLS, TX 76308  O. 40  O. 00  O. 00  O. 00  O. 00  ROBERT W GOFF, JR  SEC/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  O. 10  O. 00  O. 0	• • • • • • • • • • • • • • • • • • • •	ii described iii section	v	[ <del>V</del> ] No		
the prevention of cruelty to children or animals?  b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' to 6b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tille, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d		or educational nurnoses or t		ES LAL NO		•
b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).  8b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Pert Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  OUGLAS C ARMSTRONG  PRES/DIRECTOR  The Secondary of the fundation of the highest paid employees (other than those included on line 1). If none, enter 'D.  OUGLAS C ARMSTRONG  WICHITA FALLS, TX 76308  O.10  O.00	• •	, di educational purposes, di		ne Y No	ł	
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answer is "set to question 54(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 8b, the Form 8270.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 Liet all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position on the paid, enter "NONE."  (c) Compensation (d) Compensati	·	der the exceptions described		55 LAL 110	ł	ļ
Organizations relying on a current notice regarding disaster assistance check here  of it the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week deviced for position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Convolved on 10 0.00 0.00 0.00 0.00 0.00 0.00 0.00			iii riogulationo	N/A		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  PRES/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.40  0.00  0.				. — –	-	
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Tile, and average (II) not paid, effectively effective			ined		ļ	
## Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ## Yes * to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  **B if Yes," did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  ## Yes * to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  **B if Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  **Part Vill** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  **(a) Name and address** (a) Name and address** (b) Title, and average hours per week devoted to position of the file of the desired plans account, other address of the file of the fi	· · · · · · · · · · · · · · · · · · ·		. —	s No	ļ	-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  # 'Yes' to 65, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (a) Name and address  DOUGLAS C ARMSTRONG  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.40  0.00  0.00  0.00  0.00  0.00  ROBERT W GOFF, JR  SEC/DIRECTOR  3301 KELL, STE 200  WICHITA FALLS, TX 76308  0.10  0.00  0.00  0.00  0.00  BRIAN C. KOWALICK  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.10  0.00	·		.,			'
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  The fif Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  PRES/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.40  0.00  0.00  0.00  0.00  0.00  ROBERT W GOFF, JR  SEC/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.10  0.00  0.	· · · · · · · · · · · · · · · · · · ·					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted for position of the provise benefit pans account, other allowances  DOUGLAS C ARMSTRONG  PRES/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.40  0.00  0.00  0.00  0.00  WICHITA FALLS, TX 76308  0.10  0.00		End to common and		s X No		1
If "Yes" to 6b, file Form 8870.   Take A tany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes X No   No   N If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   N A   7b	•	personal benefit contract?		i	6ь -	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b (f Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (a) Name and address  (a) Name AMSTRONG  PRES/DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.40  0.00				<u> </u>		T
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.    (a) Name and address   (b) Title, and average hours per week devoted to position   (c) Compensation (fin of paid, enter -0-)   (d) Contributions to employee sentin paid to position   (e) Expense account, other allowances   (e) Expense (fin of paid, enter -0-)   (e) Expense account, other allowances   (e) Expense (fin of paid, enter -0-)   (fin of		shelter transaction?	☐ Ye	s X No		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.    (a) Name and address   (b) Title, and average hours per week devoted to position   (li not paid, enter '0-)   (li not					7b	
1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (lf not paid, enter -0-) (lf n	Part VIII Information About Officers, Directors, Trust		nagers, Highly	y		
(e) Expense hours per week devoted to position (If not paid, enter '0-)						
DOUGLAS C ARMSTRONG	1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Ev	попео
DOUGLAS C ARMSTRONG	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deterred	accoun	t, other
3705 MAPLEWOOD AVE WICHITA FALLS, TX 76308 ROBERT W GOFF, JR SEC/DIRECTOR  3301 KELL, STE 200 WICHITA FALLS, TX 76308 O.10 O.00 O.00 O.00 O.00 O.00 O.00 O.00	DOLLGE A C. ADMCTDONG	<del></del>		compensation	allow	ances
WICHITA FALLS, TX 76308  ROBERT W GOFF, JR  2301 KELL, STE 200  WICHITA FALLS, TX 76308  0.10  DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.10  0.00		EKED/DIKECTOR	1			
ROBERT W GOFF, JR  2301 KELL, STE 200  WICHITA FALLS, TX 76308  0.10  DIRECTOR  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  0.10  0.00  0		0.40	0.00	0.00	(	1.00
2301 KELL, STE 200 WICHITA FALLS, TX 76308 BRIAN C. KOWALICK 3705 MAPLEWOOD AVE WICHITA FALLS, TX 76308  WICHITA FALLS, TX 76308  O.10  O.00  O.			0.00			<del>, , , , ,</del>
WICHITA FALLS, TX 76308  BRIAN C. KOWALICK  3705 MAPLEWOOD AVE  WICHITA FALLS, TX 76308  O.10  O.00  O						
BRIAN C. KOWALICK 3705 MAPLEWOOD AVE WICHITA FALLS, TX 76308  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances		0.10	0.00	0.00	(	0.00
3705 MAPLEWOOD AVE WICHITA FALLS, TX 76308  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances						
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances		]				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances	WICHITA FALLS, TX 76308	0.10	0.00	0.00	(	0.00
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances						
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances					· <del></del>	
devoted to position (c) compensation and delered account of the ac	2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4 N F.	
NONE	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	l and deterred i	(e) EX accoun allowa	pense t, other ances
	NONE					
			ļ		· . · ·	
, i la						
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000		1			0

Form.990-PF (2015) HAROLD & IRENE STRAUSS FOUNDATION		<u>.645282 Page 7</u>
Partivilla Information About Officers, Directors, Trustees, Foundation No. Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NON		
(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		▶ 0
Partix A Summary of Direct Charitable Activities		·····
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, et	mation such as the	Expenses
1 N/A		
2		
3		
4		
<u>PartiX≑Bi</u> Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		
		0.00
Total. Add lines 1 through 3	<u> </u>	0.00

Page 8

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,160,284.88 a Average monthly fair market value of securities 1a 1b 10,601.42 **b** Average of monthly cash balances 10 c Fair market value of all other assets 1,170,886.30 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0.00 1c (attach detailed explanation) 1e 0.00 Acquisition indebtedness applicable to line 1 assets 3 1,170,886.30 Subtract line 2 from line 1d 17,563.29 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 153,323.01 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 57,666.15 PariXII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 57,666.15 Minimum investment return from Part X, line 6 1 948.93 Tax on investment income for 2015 from Part VI, line 5 2b Income tax for 2015. (This does not include the tax from Part VI.) 948.93 2c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 0.00 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 61,487.50 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 61,487.50 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 948.93 income. Enter 1% of Part I, line 27b 60,538.57 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				56,717.22
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			59,424.37	
b Total for prior years:	^	0.00		
3 Excess distributions carryover, if any, to 2015:	ç			
a From 2010				
<b>b</b> From 2011				
c From 2012				
d From 2013		1		
e From 2014				
f Total of lines 3a through e	0.00			
4 Qualifying distributions for 2015 from	•			
Part XII, line 4: ► \$ 61,487.50				
a Applied to 2014, but not more than line 2a			59,424.37	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.00		
c Treated as distributions out of corpus				
(Election required - see instructions)	_0.00			
d Applied to 2015 distributable amount				2,063.13
e Remaining amount distributed out of corpus	0.00			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.00			0.00
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.00			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.00		
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	4	0.00		
d Subtract line 6c from line 6b. Taxable				<del></del>
amount - see instructions		0.00		,
e Undistributed income for 2014. Subtract line				,
4a from line 2a. Taxable amount - see instr.			0.00	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must		•		
be distributed in 2016				54,654.09
7 Amounts treated as distributions out of				,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		1	1	
may be required - see instructions)	0.00			
8 Excess distributions carryover from 2010		i		
not applied on line 5 or line 7	0.00	*		· ·-
9 Excess distributions carryover to 2016.	j	,		
Subtract lines 7 and 8 from line 6a	0.00			
O Analysis of line 9:				
a Excess from 2011		1		
b Excess from 2012			Ì	
c Excess from 2013	1			
d Excess from 2014				
e Excess from 2015				Form 000-DE (2015)

Form.990-PF (2015) HAROLD	& IRENE STR	AUSS FOUNDA	TION		545282 Page 10
Part XIV Private Operating F			·A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for				14040()(0) == []	1040(1)(5)
<b>b</b> Check box to indicate whether the found		ig foundation described i		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(a) 2015	(0) 2014	(6) 2010	(4) 2012	(6) 10(8)
investment return from Part X for					
each year listed				· <del> </del>	<del></del>
<b>b</b> 85% of line 2a				<u> </u>	
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<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					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying		ļ			
under section 4942(j)(3)(B)(i)				<u> </u>	
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					Ì
an exempt organization					<u> </u>
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh	o have contributed more	than 2% of the total conf	ributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
None					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% of greater littere	ou.			
None					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited rec	juesis for lungs. If
	<del></del>				
a The name, address, and telephone num	ber or e-mail address of	ine person to wnom appi	ications should be addre	essea:	
<b>b</b> The form in which applications should t	ne submitted and informa	tion and materials they s	hould include:		
b The form in which applications should t					
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
•					

0.00

Total

Part XVI A Analysis of Income-Produ	ıcing Activ	rities			
Enter gross amounts unless otherwise indicated.	Unrelat	ted business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	-		-		
b	-		<del> </del>		
c	1				
e	1	<u> </u>			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			-		·
3 Interest on savings and temporary cash			1 1	0.35	
Investments . 4 Dividends and interest from securities	<u> </u>		14	106,946.78	
5 Net rental income or (loss) from real estate:	OF LEAVING		11.7	· 经基础 [10]	A STATE OF THE STA
a Debt-financed property	age Rando di Mandi A Leganore	William Co. and Co. and Co. and Co.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 John St. M. B. C.	16. 2
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		<u></u>	-		<u> </u>
7 Other investment income	<u> </u>		-		
8 Gain or (loss) from sales of assets other than inventory			18	4,559.41	
9 Net income or (loss) from special events				1/000112	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-		_		
b	-	<u> </u>	<del> </del>		
<u> </u>			<del> </del>		
d					
12 Subtotal. Add columns (b), (d), and (e)	14 . 2 miles	0.00	175 P	111,506.54	0.00
13 Total. Add line 12, columns (b), (d), and (e)				13	111,506.54
(See worksheet in line 13 instructions to verify calculations.)		<del> </del>	-	······································	<del></del>
Part XVI_B Relationship of Activities	to the Acc	complishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which inc	ome is reported	I in column (e) of Part XVI-A	contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	n by providing fi	unds for such purposes).			
				<del></del>	
		-			
		<del></del>			
			_	<del></del>	
				<del></del>	
				······································	
523821 11-24-15					Form <b>990-PF</b> (2015)

	Exempt Organ	izations					
1 Did the or	ganization directly or indi	rectly engage in any of the fol	lowing with any other organization	n described in section 501(c) of		Yes	No
			on 527, relating to political organia				
a Transfers	from the reporting found	ation to a noncharitable exem	pt organization of:		_		
(1) Cash					1a(1)		X
(2) Other	r assets .				1a(2)		X
b Other tran	sactions:						
(1) Sales	s of assets to a noncharita	ble exempt organization			1b(1)		X
		ncharitable exempt organizati	on		1b(2)		Х
	al of facilities, equipment,				1b(3)		X
(4) Reim	bursement arrangements		•		1b(4)		Х
	s or loan guarantees	·			1b(5)		х
(6) Perfo	ormance of services or me	embership or fundraising solic	itations		1b(6)		Х
		uling lists, other assets, or pai			1c		Х
-				ays show the fair market value of the goods,	, other ass	sets,	
or service	s given by the reporting fo	oundation. If the foundation re	eceived less than fair market value	e in any transaction or sharing arrangement,	show in		
column (d	d) the value of the goods,	other assets, or services rece	ved.				
(a) Line no	(b) Amount involved	(c) Name of nonchar	itable exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	ints
		N/	Α				
					-		
	<u>,</u>						
		tly affiliated with, or related to, r than section 501(c)(3)) or in	one or more tax-exempt organizations 527?	ations described [	Yes	X	] No
b If "Yes," co	omplete the following sch				<del></del>		
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	ship		
	N/A						
<del></del>		· · · · · · · · · · · · · · · · · · ·					
1				Assessments on J.A. the break of multiple and also			
Sign Here		mplete Declaration of preparer (other		rei	ay the IRS of turn with the own below X Yes	e prepare (see inst	er
1 [.8.	Print/Type preparer's na			Date Check If PTIN			
	DOUGLAS C.		114	self- employed			
Paid	ARMSTRONG	CPA // house	(Bushone)	10/25/16 PO	1042	487	
Preparer	Firm's name ► DOU		ONG CPA, PLC	Firm's EIN ▶ 46-2			
Use Only			77			- <b>-</b>	
-	Firm's address ▶ 37	05 Maplewood					
			TX 76308	Phone no.			
					orm <b>99</b> 0	)-PF (	2015)

Capital Gains and Los	sses for lax on investment income					
	describe the kind(s) of property sol ick warehouse; or common stock, 2		(b) How acquire P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a AMERICAN CAPITA	AL WORLD		P	Various	Various	
b CALAMOS GROWTH			P	Various	Various	
c CALAMOS GROWTH		L A	P	Various	Various	
d EV WORLDWIDE			P	Various	Various	
e JP MORGAN MID	CAP VALUE		P	Various	Various	
	INVT GRADE		P Various V			
g LOOMIS SAYLES			P	<u> Various</u>	Various	
h PIMCO TOTAL RE			P	<u> Various</u>	<u>Various</u>	
VAN KAMPEN INV	ESCO COMSTOCK FD		P	Various	Various	
<del>!</del>				<del> </del>	<del> </del>	
<u>k</u>						
				<del> </del>		
<u>m</u>		<del></del>		<del> </del>	<del> </del>	
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)		
a 16,296.13	· · · · · · · · · · · · · · · · · · ·	14,934.53			1,361.60	
b 11,694.01		16,215.24			4,521.23	
c 7,436.47		7,336.46			100.01	
d 11,223.07		7,606.30			3,616.77	
e 10,595.54		6,599.85			3,995.69	
f6,978.90		7,294.56			-315.66	
g 6,870.71		7,156.88			-286.17	
h 15,309.22		16,423.51		<del>-</del>	1,114.29	
6,401.63		4,678.94			1,722.69	
<u>.</u>						
k						
1						
m					<del></del>	
<u>n</u>						
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69	(1) [	osses (from col. (h)	····	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove not less than "-0-")		
a					1,361.60	
<u>b</u>					4,521.23	
C					100.01	
d					3,616.77	
e					3,995.69	
f					-315.66	
g					-286.17	
h				<del></del>	1,114.29	
1					1,722.69	
<u> </u>						
<u>k</u>		<u> </u>				
	<del></del>		<del></del>		<del></del>	
<u>m</u>			<del> </del>			
<u>n</u> o					<del></del>	
<u> </u>						
2 Capital gain net income or (net cap	1 11 (1000), 01110.	<b>\</b>	2		4,559.41	
3 Net short-term capital gain or (los: If gain, also enter in Part I, line 8, 6	s) as defined in sections 1222(5) an column (c).	a (6):				
If (loss), enter "-0-" in Part I, line 8		<u></u>	3	N/A		

				vestments	Statement 1	
Source MERRILL LYNCH		Rever	(a) Revenue Net In Per Books In		(c) Adjusted Net Income	
Total to Part I, lir	ne 3		0.35	0.35		
Form 990-PF	Dividend	s and Intere	est from Secur	rities	Statement 2	
Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest ment Incom		
MERRILL LYNCH	106,946.78	3 0.0	106,946.78	106,946.7	8	
To Part I, line 4	106,946.78	0.0	106,946.78	106,946.7	8	
Form 990-PF		Accounti	ng Fees		Statement 3	
Description		(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
TAX RETURN PREPARATI	ION	2,175.00 1,800.00	1,087.50		1,087.50	
To Form 990-PF, Pg 1	l, ln 16b =	3,975.00	1,987.50		1,987.50	
Form 990-PF	Ot	ther Profess	sional Fees		Statement 4	
Description		(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
INVESTMENT FEES		14,625.66	14,625.66		0.00	
To Form 990-PF, Pg 1	 l, ln 16c	14,625.66	14,625.66		0.00	

Form 990-PF	Taxes			Statement 5			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		(c) Adjusted Net Incom		Charitable	
FEDERAL EXCISE TAX	765.96		0.00		0	.00	
To Form 990-PF, Pg 1, ln 18	765.96		0.00		0	.00	
Form 990-PF	Corporat	e Stock			Statement	6	
Description			Вос	ok Value	Fair Marke Value	t	
EQUITY MUTUAL FUNDS (SCHEDULE)			646,620.03		723,768.40		
Total to Form 990-PF, Part I	I, line 10b			546,620.03	723,768	.40	
Form 990-PF	Corporat	e Bonds			Statement	7	
Description			Вос	ok Value	Fair Marke Value	t	
BOND MUTUAL FUNDS (SCHEDULE)			4	101,999.99	387,628	.85	
Total to Form 990-PF, Part I	I, line 10c		4	101,999.99	387,628	.85	

## .HAROLD and IRENE STRAUSS FOUNDATION WICHITA FALLS, TEXAS

#### Schedule of Investments June 30, 2016

Description		Cost		Fair Market Value
EQUITY FUNDS				
American Capital World Growth & Income Fund Cl F	\$	139,980.24	\$	166,644.16
Calamos Growth Fund Cl A		201,413.75		164,687.63
Calamos Growth & Income Fund Cl A		58,464.20		58,198.53
EV Worldwide Health Sciences Fund Cl A		48,757.34		55,091.66
JP Morgan Mid Cap Value Fund Cl A		75,208.81		113,173 99
Van Kampen Comstock Fund Cl A		122,795.69	_	165,972 43
Subtotal Equity Funds		646,620.03		723,768.40
FIXED INCOME FUNDS				
Loomis Sayles Strategic Income Fund Cl A		114,339.41		113,779.52
Loomis Sayles Invest Grade Bond Fund Cl A		118,607.77		114,010.60
Pimco Total Return Fund CI A		169,052 81		159,838.73
Subtotal Fixed Income Funds		401,999.99		387,628.85
TOTAL INVESTMENTS	<u>\$</u>	1,048,620.02		
			\$	1,111,397.25

## .HAROLD and IRENE STRAUSS FOUNDATION WICHITA FALLS, TEXAS

# SCHEDULE OF CONTRIBUTIONS JUNE 30, 2016

RECIPIENT	STATUS	PURPOSE	AMOUNT	
BOYS & GIRLS CLUB				
1618 SIXTH STREET				
WICHITA FALLS, TX 76301	PUBLIC CHARITY	"GREAT FUTURES	\$ 27,500 00	
CHRIST'S HOME PLACE				
1420 TWIN OAKS				
WICHITA FALLS, TX 76302	PUBLIC CHARITY	"CAPITAL CAMPAIGN"	\$ 8,000 00	
PRESBYTERIAN MANOR HOUSE OF HOPE				
5100 STONE LAKE DR.				
WICHITA FALLS, TX 76310	PUBLIC CHARITY	"CAPITAL CAMPAIGN"	\$ 3,000.00	
MUCHUTA FALLO AREA FOOR RANK				
WICHITA FALLS AREA FOOD BANK				
1230 MIDWESTERN PARKWAY WICHITA FALLS, TX 76302	PUBLIC CHARITY	"EMPTY BOWLS"	\$ 8,000 00	
WIGHTIA PALLS, 1X 70302	POBLIC CHARITY	EMPTT BOWLS	\$ 8,000 00	
THE REHAB CENTER FOUNDATION				
1005 MIDWESTERN PARKWAY				
WICHITA FALLS, TX 76302	PUBLIC CHARITY	"STRONGER TOMORROW"	\$ 5,000 00	
THE ARC OF WICHITA CO				
3115 BUCHANAN				
WICHITA FALLS, TX 76308	PUBLIC CHARITY	"SOCIAL ACTIVITIES PROGRAM"	\$ 8,000 00	
			\$ 59,500 00	