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Form **990-PF**

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

OMB No 1545-0052 **2010**

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For ca	lendar year 2010, or tax year beginning	1		, and ending	,	
G Ch	eck all that apply Initial return	Initi	al Return of a former p	oublic charity	Fin	al return
	Amended return	n	Address	change Name	change	
				Α	Employer identification nu	mber
	INA AND FI FOUNDATION				16-1631885	
	EAST MARKET STREET			В	Telephone number (see the	instructions)
BETH	HLEHEM, PA 18018				(215) 529-46	00
,			,	С	If exemption application is	
				D	1 Foreign organizations, che	
H C	Check type of organization: X Section	on 501	(c)(3) exempt private t		2 Foreign organizations mee	
	Section 4947(a)(1) nonexempt charit			private foundation	here and attach computati	on .
	air market value of all assets at end of year J	Acc	ounting method: X C	ash Accrual E	If private foundation statu	
(from Part II, column (c), line 16)		Other (specify)	F	under section 507(b)(1)(A If the foundation is in a 60	
<u></u> ► \$	\$ <u>335,399</u> .	Part I,	column (d) must be or	n cash basis.)	under section 507(b)(1)(B	
Part	Analysis of Revenue and		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts i	ın	expenses per books	income	income	for charitable
	columns (b), (c), and (d) may not no sarily equal the amounts in column	eces-				purposes
	(see the instructions).)	(4)				(cash basis only)
	1 Contributions, gifts, grants, etc, received (at					
	2 Ck X if the foundn is not req to att Se					
	3 Interest on savings and temporar cash investments.	ry	3.	3		
	4 Dividends and interest from securities	• •	3. 15,802.	3.		
	5a Gross rents		15,602.	15,802.		
	b Net rental income					
R	or (loss) 6a Net gain/(loss) from sale of assets not on lin	ne 10	-23,058.			
R E V	b Gross sales price for all		20/000			
¥	assets on line 6a			0.		
E N U	8 Net short-term capital gain	_	-	<u>~</u>	0.	
Ų	9 Income modifications					
5	10a Gross sales less returns and					
	allowances . Less Cost of				<u> </u>	
. 20%	goods sold					
	c Gross profit/(loss) (att sch)					
	11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11 .			45 005		
=	13 Compensation of officers, directors, trustees,		-7,253. 0.	15,805.	0.	
\Box	14 Other employee salaries and wages	, etc			<u> </u>	
9	15 Pension plans, employee benefits					
뿕╻	16a Legal fees (attach schedule)	ĭ ¦				
	b Accounting fees (attach sch)	` I			REC	EIVED
	c Other prof fees (attach sch)	ł				0
	17 Interest.	ľ			12 NOV	2 2011 9
TABLES OF COLORS	18 Taxes (attach scheduleXsee instr.) SEE STI	м 1	1,134.	856.	\$ 11.11	9
RRA	19 Depreciation (attach					المحال المسهد المالية
l i	sch) and depletion				P.70 F	it
N V G E	20 Occupancy 21 Travel, conferences, and meeting	<u>.</u> :			V 1752	
A E	22 Printing and publications	³⁵				
N X D P	23 Other expenses (attach schedule)	' ŀ				
E N	SEE STATEMEN	T 2	25.	25.		
S	24 Total operating and administrative	ve				
š	expenses. Add lines 13 through 2	23	1,159.	881.		
	25 Contributions, gifts, grants paid PART		50,000.			50,000.
	26 Total expenses and disbursemer Add lines 24 and 25	nts.	E1 1EA	001	•	FA AAA
	27 Subtract line 26 from line 12:		51,159.	881.	0.	50,000.
	a Excess of revenue over expenses	s				
	and disbursements	Ĺ	-58,412.			
	b Net investment income (if negative, enter -0-	-)		14,924.		
	C Adjusted net income (if negative, enter -0-)				0.	

BAA For Paperwork Reduction Act Notice, see the instructions.

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		.	ittached schedules and amounts in the description	Beginning of year	Ena d	or year
Part	<u> </u>	Balance Sheets	ttached schedules and amounts in the description olumn should be for end-of-year amounts only. See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-b	earing.			
	2	Savings and temporar	y cash investments	49,792.	14,602.	14,602.
	3	Accounts receivable	, . ►			
		Less: allowance for do	oubtful accounts >			
	4	Pledges receivable				
		Less: allowance for do	oubtful accounts ►			
	5	Grants receivable .				
	6	Receivables due from officer disqualified persons (attach	rs, directors, trustees, and other schedule) (see the instructions)			
	7	Other notes and loans receive	vable (attach sch)			
A S E T		Less: allowance for do	oubtful accounts ►			
š	8	Inventories for sale or	use			
E	9	Prepaid expenses and	deferred charges			
Ś	10 a	Investments – U.S. a obligations (attach sch	nd state government nedule)			
	1	b Investments — corporate st	ock (attach schedule)			
	(c Investments — corporate bo	ands (attach schedule)			
	11	Investments - land, be equipment, basis	buildings, and			
		Less: accumulated depreciat (attach schedule)	tion •			
	12	Investments - mortga	age loans.			
	13	Investments - other (attach schedule) . STATEMENT 3 .	357,175.	333,953.	320,797.
	14	Land, buildings, and eq	uipment basis. 🟲			
		Less: accumulated deprecial (attach schedule)	tion			
		Other assets (describe				
		Total assets (to be co see instructions. Also,	, see page 1, item l)	406,967.	348,555.	335,399.
L Ī	17	· ·	l accrued expenses			1
Å B	18		•			
I	19	Deferred revenue				
L	20		rs, trustees, & other disqualified persons			1
Ť	21	Mortgages and other notes p		200		1
Ė	22	Other liabilities (describ	e SEE STATEMENT 4)	322.	322.	-
ร	23		4	322.	322.	
		Foundations that folloand complete lines 24	ow SFAS 117, check here ► X I through 26 and lines 30 and 31.			
ΝF	24	Unrestricted		406,645.	348,233.	1
N F E U T N	25	Temporarily restricted	••]
ח	26	Permanently restricted				
ASSETS		Foundations that do rand complete lines 27	not follow SFAS 117, check here through 31.		•	
EL	27	Capital stock, trust pri	ncipal, or current funds.			
ŚÑ	28	·	r land, building, and equipment fund			1
·	29		ated income, endowment, or other funds			1
O E R S	30	• .	nd balances (see the instructions)	406,645.	348,233.	1
	31	(see the instructions)	et assets/fund balances	406,967.	348,555.	
Par		Analysis of Chang	es in Net Assets or Fund Balanc	es		
1	Total end-	I net assets or fund bala of-year figure reported	ances at beginning of year — Part II, coluon prior year's return).	ımn (a), line 30 (must ag	ree with	406,645.
2		r amount from Part I, III	•		2	58,412.
		increases not included in line			3	, ====
		lines 1, 2, and 3		·	4	348,233.
		ases not included in line 2 (ite	emize)		5	
6	Total	net assets or fund bala	ances at end of year (line 4 minus line 5)	- Part II, column (b), III	ne 30 6	348,233.

(a) List and describe	Losses for Tax on Investmen e the kind(s) of property sold (e.g., rose, or common stock, 200 shares ML	eal estate.	(b) How acquir P — Purchas D — Donation	(month, day, year)	(d) Date sold (month, day, year)		
1a SEE ATTACHED SCHEDU	LE		P	VARIOUS	VARIOUS		
b CAPITAL GAIN DIVIDE							
С							
d							
e					<u></u> _		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)			
a 49,156.		72	738.		-23,582.		
b ,							
c							
d							
<u>e</u>							
Complete only for assets show (i) Fair Market Value as of 12/31/69	ing gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	the foundation on 12/31/69 (k) Excess of column over column (j), if an		(I) Gains (Colingain minus column (I than -0-) or Losses (fi	k), but not less		
	-				-23,582.		
b		······	-		524.		
					<u> </u>		
d		 					
e		·					
2 Capital gain net income or (ne		enter in Part I, line 7 ter -0- in Part I, line 7		2	-23,058.		
	(loss) as defined in sections 1222(5) e 8, column (c) (see the instructions)	··· ¬		3	-23,582.		
	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Income	9			
Was the foundation liable for the sec If 'Yes,' the foundation does not qual 1 Enter the appropriate amount in		mplete this part.		Yes	X No		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assi		(d) Distributior column (b) divided	ratio by column (c))		
2009	25,000.	262	,578.		0.095210		
2008	20,000.		,492.		0.030210		
2007	51,400.		,155.		0.114692		
2006	55,000.		,605.		0.120984		
2005			,147.				
2 Total of line 1, column (d)				2	0.330886		
3 Average distribution ratio for th number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than 5	tal on line 2 by 5, or by the syears		3	0.066177		
4 Enter the net value of nonchar	table-use assets for 2010 from Part	X, line 5		1	326,587.		
5 Multiply line 4 by line 3			<u></u>	5	21,613.		
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			5	149.		
7 Add lines 5 and 6			<u> </u>	,	21,762.		
8 Enter qualifying distributions from				,			
If line Que amonte an acceptant			8		50,000.		
Part VI instructions BAA	om Part XII, line 4 nan line 7, check the box in Part VI,	line 1b, and complete that p		1% tax rate. See th			

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Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

8b X

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X

9

10

(or designate) of each state as required by General Instruction G? If 'No,' attach explanation

10

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and addresses

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Part VII-B Statements Regarding Activiti	es for Which Form	1 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	-				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955); or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,			Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instri	uctions) .	. Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	. Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	a current notice regard	ding disaster assistance ·	tions ·	5b	N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	. ▶		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant? .	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	rectly, to pay premium:	S Yes X	No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6Ь	<u> </u>
If 'Yes' to 6b, file Form 8870.					
7a At any time during the tax year, was the found				No	
b If yes, did the foundation receive any proceed				I/A 7b	
Part VIII Information About Officers, D and Contractors				imployees,	·
1 List all officers, directors, trustees, foundation				 	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, wances
FIKAPUTERA HILL	TRUSTEE	0.	0.		0.
35 E. MARKET STREET	0				
BETHLEHEM, PA 18018					
SELINA PAI HILL 35 E. MARKET STREET BETHLEHEM, PA 18018	TRUSTEE 0	0.	0.		0.
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1- see in	structions). If none, e	nter '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 and deferred compensation	(e) Expense other allow	account, wances
NONE				_	
Total number of other employees paid over \$50,000	TEEA0306L 0	7/23/10	•	Form 990 -	0 DE (2010)

 Total. Add lines 1 through 3
 ▶
 0.

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All other program-related investments. See instructions.

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see instructions.)	oreign ioi	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities.	Mes.	205 070
	1a	295,878.
b Average of monthly cash balances	1b	35,682.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	331,560.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	4	
2 Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3 Subtract line 2 from line 1d	3	331,560.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,973.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	326,587.
6 Minimum investment return. Enter 5% of line 5	6	16,329.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private open	rating fou	ndations
and certain foreign organizations check here ▶ □ and do not complete this part of the second of the	art.)	
1 Minimum investment return from Part X, line 6	1	16,329.
2a Tax on investment income for 2010 from Part VI, line 5	. 🖓 🗔	
b Income tax for 2010. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	. 2c	149.
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	16,180.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	16,180.
6 Deduction from distributable amount (see instructions) .	6	· · · · · ·
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,180.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	50,000.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the. a 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	50,000.
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 (see instructions)	5	149.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,851.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	er the found	lation
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				16 100
Ine 7 2 Undistributed income, if any, as of the end of 2010:				16,180.
a Enter amount for 2009 only		<u> </u>	0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
a From 2005				
b From 2006.				
c From 2007 10,871.		}		
d From 2008				
e From 2009 12,149.]		
f Total of lines 3a through e	23,020.		<u> </u>	
4 Qualifying distributions for 2010 from Part				
XII, line 4: ► \$ 50,000.]-		
a Applied to 2009, but not more than line 2a.			0.	
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus	0.			
(Election required — see instructions) . d Applied to 2010 distributable amount	<u> </u>			16,180.
e Remaining amount distributed out of corpus	33,820.	1		10,100.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the				<u> </u>
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	56,840.			<u></u>
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
ed 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 2009. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)]		
(see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a.	56,840.			
10 Analysis of line 9:				
a Excess from 2006				ı
b Excess from 2007 10,871.				ı
c Excess from 2008		1		ı
d Excess from 2009 . 12,149.				ı
e Excess from 2010 33,820.				

Part XIV Private Operating Foundation	ns (see instruc	ctions and Part \	<u>VII-A, question :</u>	9)	N/A		
1a if the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling							
b Check box to indicate whether the foundat	ion is a private ope	erating foundation o	lescribed in section	4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years				
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
b 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed							
d Amounts included in line 2c not used directly for active conduct of exempt activities.							
 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:				İ			
(1) Value of all assets			<u> </u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c 'Support' alternative test - enter							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section							
512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from an exempt organization					- -		
(4) Gross investment income.							
Part XV Supplementary Information	(Complete this	part only if the	organization h	ad \$5,000 or mor	e in		
assets at any time during th	e year – see in	structions.)					
1 Information Regarding Foundation Manag	ers:		-				
a List any managers of the foundation who h	nave contributed m	ore than 2% of the	total contributions	received by the found	lation before the		
close of any tax year (but only if they have	contributed more	than \$5,000). (See	section 507(d)(2))				
SEE STATEMENT 5							
b list any managers of the foundation who	own 10% or more	of the stock of a cor	rocration (or an odi	ially large portion of t	he ownership of		
b List any managers of the foundation who can a partnership or other entity) of which the NONE	foundation has a 1	10% or greater inter	est.	any large portion or t	the ownership of		
2 Information Regarding Contribution, Gran							
Check here \(\begin{align*} \begin{align*} \text{X} & \text{if the foundation only n} \\ \text{requests for funds} & \text{If the foundation make complete items 2a, b, c, and d} \end{align*} \)							
a The name, address, and telephone number	r of the nerson to	whom applications	should be addresse	ed			
a me mame, acareso, and terepriorie mames	. or the percent to	miom applications	5 ou a do a da a cooc	, 4			
b The form in which applications should be s	submitted and info	rmation and materia	als they should incli	nde.			
c Any submission deadlines:		· · · · · · · · · · · · · · · · · · ·					
d Any restrictions or limitations on awards, s	uch as by geograp	phical areas, charita	ble fields, kinds of	institutions, or other	factors:		
		_					

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3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	substantial contributor	recipient						
a Paid during the year THE SOAR FOUNDATION UNION CITY, CA.,	NONE	EXEMPT	CHARITABLE	50,000.				
5.125.1 5.117, 5.117,								
]							
Total .	· · · · · · · · · · · · · · · · · · ·		▶ 3a	50,000.				
b Approved for future payment								
Total	<u> </u>	L	 					
			30	11				

Part XVI-A Analysis of Income-Producing Activities

							
Enter	gross amounts unless otherwise indicated.						
1	Program service revenue	Business code	Amount	Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)	
а							
b							
С							
d							
е							
f							
g	Fees and contracts from government agencies						
2	Membership dues and assessments						
3	Interest on savings and temporary cash investments			14	3.		
4	Dividends and interest from securities .			14	15,802.		
5	Net rental income or (loss) from real estate:						
а	Debt-financed property						
b	Not debt-financed property						
6	Net rental income or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·				
7	Other investment income						
	Gain or (loss) from sales of assets other than inventory			18	-23,058.		
	Net income or (loss) from special events.			<u> </u>			
10	Gross profit or (loss) from sales of inventory						
11	Other revenue:						
а				ļļ			
		ļ		 			
		 		ļ			
d		 					
e		 	<u>.</u>	 	7 050		
	Subtotal. Add columns (b), (d), and (e)				-7,253.		
	Total. Add line 12, columns (b), (d), and (e)				13	-7,253.	
(See	worksheet in line 13 instructions to verify calculat	ions)					
Parl	XVI-B Relationship of Activities to the	e Accomplis	hment of Exem _l	pt Purpose	es		
Line	Explain below how each activity for which accomplishment of the foundation's exemp	ncome is report	ed in column (e) of	Part XVI-A c	ontributed important	lv to the	
•	 accomplishment of the foundation's exemp 	t purposes (other	er than by providing	funds for suc	ch purposes) (See t	he instructions.)	
N,	/A			,			
			-				
							
				<u> </u>	··		
	- 			 	. .		
	 						
						_	
							
							
							
					 		
						 	

BAA

Part X	(VII	Information Exempt Org	Regard anization	ing Tr	ansfer	s To a	and Tra	ansactio	ns an	d Re	latio	nsh	ips \	Vith	Nonc	haritabl	e	*
														-			Yes	No
1 Di de re	d the described	organization direct d in section 501 to political organ	ctly or ind (c) of the (izations?	rectly e Code (o	engage in ther than	n any o	f the fol on 501(c	lowing wit (3) organ	h any o lizations	ther o	rganı n sec	zatio tion 5	n 527,					
		s from the report		ation to	a nonch	naritable	e exemp	ot organiza	ation of							1		
) Cash	•					-	-								1a (1)		Х
(2)) Othe															1a (2)		X
b Ot	ther tra	insactions																
(1)) Sale	s of assets to a	noncharita	able exe	empt org	anızatıd	on								•	1 b (1)	<u> </u>	X
	•	hases of assets														1b (2)	 	X
		al of facilities, e									• •			•		1 b (3)		Х
		ibursement arrai		•								•	•	•	•	1b (4)		X
	•	s or loan guarar								•	•	•	•			1 b (5)		X
		ormance of servi			•		-									1b (6)	\	X
c Sr	naring	of facilities, equi	pment, m	ailing ii	sts, otne	r asset	s, or pa	ia empioy	ees	•	•		•	•	•	1c	<u> </u>	
th ar	e good	swer to any of the s, other assets, saction or sharin	or service g arrange	s given ment, s	by the r	eportin column	g found (d) the	ation If the value of the value	e found e good	lation s, othe	recei er as:	ved I sets,	ess th or ser	an fai	r mark receive	et value ii ed	1 	
(a) Line	no.	(b) Amount involved	d (c) Name	of nonchar	itable exe	empt organ	nization	(d)) Descri	iption :	of tran	sfers, t	ransact	ons, and	sharing arr	angemen	ts
N/A			_			-												
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	_		+															
						•				• •	-		•					
						-												
												•						
				-														
	_	 _																
de	Scribe	undation directly d in section 501(complete the foll	(c) of the (lowing sch	Code (o	ther thar	n sectio	on 501(c	(3)) or in						·		Ye	s X	No
N/A	(a)	Name of organi	zation			(b) Typ	e of orc	ganization		-		(c) Desc	criptio	n of re	lationship		
N/ A							-											
					 													
		·																
					_													
	Under pe correct,	enalties of perjury, I de and complete Declara	eclare that I hat one of prepa	nave exam rer (other	ined this re than taxpay	turn, incluyer or fidu	uding acco iciary) is b	mpanying sci ased on all ir	nedules ar iformation	d stater of which	nents, h prepa	and to arer ha	the bes s any ki	t of my nowledg	knowledg e.	ge and belief,	it is true	,
Sign		<u> </u>) A	100	١			. +1	700	<u>(</u> .	í						
Here) (/)		M	<u> </u>			[[]	W	<u>ا رد</u>	<u>/_</u>	_	'RUS'	LEE			
	————	Print/Type preparer's			<u> </u>	Draneses'-	e e e e e e e e e e e e e e e e e e e		Date	Tools	 	<u> </u>	Til			Torre:		
D				M		•	s signature			Date	Ш	//		neck if	L ıf	PTIN		
Paid		BENJAMIN E	BERNA	ATE.	ROSEN			BERGER		144	'' 	-		lf-emplo		N/A		
Prepar		Firm's name	1430				FLOOR			1			rırm's	EIN ►	N/A	 		
Use O	ıııy	Firm's address			NY 10			•					Phone	no	(212	2) 221-	.1140	
														.,,,	, - + -	<u>,</u>		

Form **990-PF** (2010)

2010	FEDERAL STATEMENTS	PAGE 1		
	SELINA AND FI FOUNDATION	16-1631885		
STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES		(D)		
FOREIGN TAXES TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 856. \$ 856. 278. TOTAL \$ 1,134. \$ 856. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				
BANK CHARGES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 25. \$ 25. \$ 25. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER				
	VALUATION BOOK F METHOD VALUE	'AIR MARKET VALUE		
OTHER INVESTMENTS	G00T + 222 052 +	200 707		
SECURITIES	COST \$ 333,953. \$ TOTAL \$ 333,953. \$	320,797.		
STATEMENT 4 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES				
LOANS PAYABLE		322.		
STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% C FIKAPUTERA HILL SELINA PAI HILL	OR MORE CONTRIBUTORS			

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Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you are	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		► X			
	e filing for an Additional (Not Automatic) 3-Mont							
Do not comp	plete Part II unless you have already been grante	ed an autom	natic 3-month extension on a previously t	filed Form 8868.				
request an e	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of	t automatic) Part I or Paust he sent) 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct	ectronically file Form iformation Return fo	r Transfers			
Part A	utomatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).					
	n required to file Form 990-T and requesting an			complete Part I only	▶			
•	porations (including 1120-C filers), partnerships,							
	Name of exempt organization			Employer identification	number			
Type or								
print	SELINA AND FI FOUNDATION			16-1631885				
File by the due date for	Number, street, and room or suite number if a P O box, see in	nstructions						
filing your	35 EAST MARKET STREET							
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions							
	BETHLEHEM, PA 18018							
	, con a contract of the contra							
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04			
Application Is For		Return Code	Application Is For		Return Code			
Form 990		01	Form 990-T (corporation)		07			
Form 990-Bl		02	Form 1041-A		08			
Form 990-E2		03	Form 4720		09			
Form 990-PF		04	Form 5227		10			
	(section 401(a) or 408(a) trust)	05	Form 6069		11			
	(trust other than above)	06	Form 8870		12			
Telephon If the org If this is check the exter 1 I reque	e No. \(\bigcup (215) \) 529-4600 ganization does not have an office or place of but for a Group Return, enter the organization's four is box. \(\bigcup \subseteq \). If it is for part of the group, chech is an automatic 3-month (6 months for a corporation of the group).	digit Group k this box ation require	e United States, check this box Exemption Number (GEN) and attach a list with the names a ed to file Form 990-T) extension of time					
The ex	tension is for the organization's return for: calendar year 20 10 or tax year beginning		eturn for the organization named above					
_	ax year entered in line 1 is for less than 12 mont ange in accounting period	ths, check r	eason: Initial return Fir	al return				
3a If this a nonrefu	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions		enter the tentative tax, less any	3a \$	149.			
payme	application is for Form 990-PF, 990-T, 4720, or 6 nts made Include any prior year overpayment al	lowed as a	credit .	3b \$	0.			
	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See			43 6 \$	149.			
Caution. If y payment inst	ou are going to make an electronic fund withdrav tructions	wal with this	s Form 8868, see Form 8453-EO and Fo	rm 8879-EO for				

Form 8868 (Rev 1-2011) Page 2						
• If you a	are filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II and check th	is box		. ► X
Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previousl	y filed Fo	rm 8868.	_
• If you a	are filing for an Automatic 3-Month Extension, con	nplete only	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Exte	nsion of	Time. Only file the original (n	o copies	s needed)	j <u>. </u>
	Name of exempt organization Employer identification number					ıber
Type or	ne or					
print	SELINA AND FI FOUNDATION 16			<u> 16-163</u>	5-1631885	
File by the	Number, street, and room or suite number. If a P.O. box, see instructions					
extended	BERNATH & ROSENBERG, P.C.					
filing the	ing the structions 1430 BROADWAY, /TH FLOOR City, town or post office, state, and ZIP code. For a foreign address, see instructions					
instructions						
NEW YORK, NY 10018-3308						
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return)			04
Application Is For		Return Code	Application Is For	ation		
Form 990		01	,			
Form 990-BL		02	Form 1041-A		08	
Form 990-EZ		03	Form 4720			
Form 990-PF		04	Form 5227		10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
STOP! Do	not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a previo	usly filed	Form 8868.	<u> </u>
Telephe If the o If this i whole grou	organization does not have an office or place of bus s for a Group Return, enter the organization's four	digit Group	e United States, check this box	the nam		► ☐ his is for the s of all
4 request an additional 3-month extension of time until 11/15 . 20 11.						
5 For calendar year 2010, or other tax year beginning, 20, and ending, 20						
5 For calendar year 2010, or other tax year beginning, 20, and ending, 20 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
Change in accounting period						
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					149.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868					0.	
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					149.	
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						
Signature ► Tritle ► TRUSTEE Date					ate ►	<u>.</u>
BAA FIFZ0502L 11/15/10					Form 8868	(Rev 1-2011)