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### Form 990-PF

## **Return of Private Foundation**

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

Treated as a Private Foundation

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

OMB No 1545-0052

2010

_		51100 001 1110	<u>-</u> _	be able to use a copy of this			<u> </u>	
For calendar year 2010, or tax year beginning APR 1, 2010 , and ending MAR 31, 2011								
G Check all that apply Initial return Initial return of a former public charity Final return								
Amended return Address change Name change								
Nan	ne of	foundation	=-			A Employer identification number		
THE SELINGER-SHONE FOUNDATION						01 6401161		
		C/O DR. SAMUEL S		91-6481161				
Nun	ber an	nd street (or P O box number if mail is not deliv			Room/suite	B Telephone number	2005	
		5441 S. QUAIL RI	DGE R	D		(509) 624-	2805	
4 City	or to	wn, state, and ZIP code				C If exemption application is pe		
L		SPOKANE, WA 992				D 1. Foreign organizations	, check here	
H C	heck	type of organization X Section !	501(c) <u>(3)</u> ex	empt private foundation		Foreign organizations me check here and attach co.	mputation PL	
		ction 4947(a)(1) nonexempt charitable t		Other taxable private founda		E If private foundation stat		
I Fa	ır ma	rket value of all assets at end of year	Account	ng method X Cash	Accrual	under section 507(b)(1)		
(fr	om F	Part II, col. (c), line 16)		her (specify)		F If the foundation is in a 6	_ 1 1	
_	\$		Part I, colu	mn (d) must be on cash b	basis.)	under section 507(b)(1)	4.44	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and	(d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes	
		necessarily equal the amounts in column (a)		expenses per books	income	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., receive	ed	76,005.				
		Check In the foundation is not required to a		<u> </u>				
	3	Interest on savings and temporary cash investments		3.	3.		STATEMENT 1	
	4	Dividends and interest from securities		7,626.	7,626.		STATEMENT 2	
	5a	Gross rents			·····			
	b	Net rental income or (loss)						
6)	6a	Net gain or (loss) from sale of assets not on lin	e 10	22,505.		*****		
Revenue	b	Gross sales price for all assets on line 6a 310,	520.	M				
eve	7	Capital gain net income (from Part IV, line 2)			22,505.	{ p+	······································	
Œ	8	Net short-term capital gain				1000		
	9	Income modifications				JAN 2	7017	
	10a	Gross sales less returns and allowances			.:	Residence Visioner		
	b	Less Cost of goods sold				<del>  CCO</del>		
	C	Gross profit or (loss)						
	11	Other income		106 106	20 124			
	12_	Total Add lines 1 through 11		106,139.	30,134.	0.		
	13	Compensation of officers, directors, trustees,	etc	0.	0.	0.	0.	
	14	Other employee salaries and wages						
"	15	Pension plans, employee benefits				<del></del>		
ses	1	Legal fees	· ^	2 225	1 152		1 150	
.\a	1		1T 3	2,305.	1,153.	0.	1,152.	
Š	C	Other professional fees						
. , , ,	17	Interest						
and Administrative Expens	18	Taxes STI	1T 4	6.	6.	0.	0.	
nist	19	Depreciation and depletion						
.; <u>Ē</u>	20	Occupancy		5 364	2 (02		2 602	
Ä	21	Travel, conferences, and meetings		5,364.	2,682.	0.	2,682.	
anc	22	Printing and publications			20		12	
Ē	23	Other or period	MT 5	33.	20.	0.	13.	
Operating	24			7 700	2 001		2 047	
ğ		expenses. Add lines 13 through 23		7,708.	3,861.	0.	3,847. 16,900.	
J	25	Contributions, gifts, grants paid		16,900.			10,900.	
	26	Total expenses and disbursements.		24 600	2 061	_	20 747	
_		Add lines 24 and 25		24,608.	3,861.	0.	20,747.	
		Subtract line 26 from line 12		01 531				
		Excess of revenue over expenses and disbur		81,531.	26 272			
		Net investment income (if negative, ente			26,273.			
	C	Adjusted net income (if negative, enter-0	)-)	<u> </u>	<u> </u>	0.	<u>'                                    </u>	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	of year	
	arı	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing			<del></del>	
•	2	Savings and temporary cash investments	6,732.	12,210.	12,210.	
	3	Accounts receivable				
	,	Less allowance for doubtful accounts				
	4	Pledges receivable ►				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
_	7	Other notes and loans receivable				
		Less allowance for doubtful accounts			<u></u>	
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U S and state government obligations				
	b	Investments - corporate stock STMT 6	62,540.	101,812.	108,479.	
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other STMT 7	364,143.	400,924.	464,240.	
	14	Land, buildings, and equipment basis	]			
		Less accumulated depreciation				
	15	Other assets (describe				
_	16	Total assets (to be completed by all filers)	433,415.	514,946.	584,929.	
	17	Accounts payable and accrued expenses				
	18	Grants payable		·		
es	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable				
_	22	Other liabilities (describe				
				0		
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
	İ	Foundations that follow SFAS 117, check here				
Ś	l	and complete lines 24 through 26 and lines 30 and 31.				
ဦ		Unrestricted				
ala	25	Temporarily restricted				
d B	26	·				
ş		Foundations that do not follow SFAS 117, check here				
Net Assets or Fund Balances		and complete lines 27 through 31.	0.	0.		
sts	27	Capital stock, trust principal, or current funds	0.	0.		
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	433,415.	514,946.		
et A	29	Retained earnings, accumulated income, endowment, or other funds	433,415.	514,946.		
ž	30	Total net assets or fund balances	433/413	311/310.		
	21	Total liabilities and not accord fund halanees	433,415.	514,946.		
=	31	Total liabilities and net assets/fund balances		<u> </u>	L,	
P	art	Analysis of Changes in Net Assets or Fund I	Balances			
1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
		st agree with end-of-year figure reported on prior year's return)		1	433,415.	
2	•	r amount from Part I, line 27a		2	81,531.	
		er increases not included in line 2 (Itemize)		3	0.	
4	Add	lines 1, 2, and 3		4	514,946.	
		reases not included in line 2 (itemize)			0.	
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	514,946.	
					Form <b>990-PF</b> (2010)	

	ribe the kind(s) of property sold ( arehouse, or common stock, 200			(b) How acquired P - Purchase D - Donation	(c) Date ac (mo , day	quired v, yr )	(d) Date sold (mo , day, yr )
1a`							
b SEE ATTACHED	STATEMENTS	<del></del>			<b>.</b>		
<u>c</u> .							
<u>d</u>					<del> </del>	}	
<u>e</u>	(f) Depreciation allowed	/m) Coo	at or other basis		(b) Cou	n or (loss)	
(e) Gross sales price	(or allowable)		xpense of sale			f) minus (	
a b							
C		<del></del>		<del></del>			
d				<u> </u>			
e 310,520.			288,01	5.			22,505
Complete only for assets showin	ng gain in column (h) and owned	by the foundation	on 12/31/69		(I) Gains (Col		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	(	col (k), but no Losses (fi	t less than rom col (f	-0-) ar 1))
a							
b							
С							
d							20 505
<u>e</u>				<del></del>			22,505
Capital gain net income or (net ca	If gain, also er ipital loss) (if (loss), enter	nter in Part I, line -0- in Part I, line	7 7	} 2			22,505
Net short-term capital gain or (los		) and (6) <sup>.</sup>					
If gain, also enter in Part I, line 8,				}   _		N/A	
If (loss), enter -0- in Part I, line 8  Part V Qualification U	Inder Section 4940(e) f	or Reduced	Tax on Net	Investment li	come	N/A	
Vas the foundation liable for the sector of "Yes," the foundation does not qual	lify under section 4940(e) Do not	complete this pa	<u>rt</u>				Yes X No
1 Enter the appropriate amount in (	each column for each year, see in	structions before	making any entri		<del></del>		(d)
Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying		Net value of no	(c) ncharitable-use asse		Distribi ol (b) divi	(d) ution ratio ded by col (c))
2009		20,263.		398,70			.05082
2008		21,570. 18,732.		402,16		<u>-</u>	.05363
2007 2006		8,938.		328,34			.02722
2005		8,811.		274,08			.03214
				•			
2 Total of line 1, column (d)					2		.20626
Average distribution ratio for the	5-year base period - divide the to	tal on line 2 by 5,	or by the number	of years	1 1		
the foundation has been in existe	nce if less than 5 years				3		.04125
Enter the net value of noncharitat	nle-use assets for 2010 from Part	X line 5			4		508,845
The first that tales of notionalities	70 000 00000 101 20 10 110 111 U.C	7., 111.0					
Multiply line 4 by line 3					5		20,992
					1 1		262
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)				6		263
	ne (1% of Part I, line 27b)				7		
7 Add lines 5 and 6					7		263 21,255 20,747
<ul> <li>6 Enter 1% of net investment incon</li> <li>7 Add lines 5 and 6</li> <li>8 Enter qualifying distributions from If line 8 is equal to or greater than</li> </ul>	n Part XII, line 4	line 1b, and comp	plete that part usin	ig a 1% tax rate			

	distributed by the foundation in connection with the activities.		1 1	- 1	
C	Did the foundation file Form 1120-POL for this year?		10	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1	
	(1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$ O .				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ▶ \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		_X_
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Χ	
	If "Yes," complete Part II, col. (c), and Part XV.				
82	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	WA				
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
-	year 2010 or the taxable year beginning in 2010 (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 STM	T 9	10	X	
		Fo	rm <b>990</b>	-PF	2010

Pê	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			<u> </u>
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
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 ▶ DR. SAMUEL L. SELINGER Telephone no ▶ (509)	624	<u>-28</u>	<u>05</u> _
•	Located at ► 5441 S. QUAIL RIDGE RD., SPOKANE, WA ZIP+4 ►99	223		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here		<b>, .</b> ▶	·LJ
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1 .	Yes	ı
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	1		
D-	the foreign country	<u>i.,                                    </u>		<u> </u>
1	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	Vaa	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	res	NO
12	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?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No			*
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2010?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•				
за	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
_				
0	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.)  N/A	3b	:	
12	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<del> </del>		<del></del>
u	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	46		Х
		m <b>990</b>	-PF	

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Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	lighly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	<del></del>	
	of service	(c) Compensation
NONE		
		<del> </del>
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as t number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	he	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
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	1a	484,360. 32,234.
b	Average of monthly cash balances	1b	32,234.
C	Fair market value of all other assets	10	···-
d	Total (add lines 1a, b, and c)	1d	516,594.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	516,594.
- 4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,749.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	508,845.
6_	Minimum investment return. Enter 5% of line 5	6	25,442.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum Investment return from Part X, line 6	1	25,442.
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	525.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	525. 24,917.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,917.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	24,917.
P	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		00 545
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,747.
þ	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,747.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,747.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions) (d) (b) (C) 2009 2010 Corpus Years prior to 2009 1 Distributable amount for 2010 from Part XI, 24,917. Ine 7 2 Undistributed income, if any, as of the end of 2010 16,207. a Enter amount for 2009 only b Total for prior years 0 3 Excess distributions carryover, if any, to 2010. a From 2005 b From 2006 c From 2007 d From 2008 e From 2009 0 f Total of lines 3a through e 4 Qualifying distributions for 2010 from 20,747. Part XII, line 4 > \$ 16,207 a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 4,540. d Applied to 2010 distributable amount 0 e Remaining amount distributed out of corpus Ō. 0. Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2009 Subtract line 0 4a from line 2a Taxable amount - see instr t Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must 20,377. be distributed in 2011 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0. section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2011. 0. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2006 b Excess from 2007 c Excess from 2008

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d Excess from 2009 e Excess from 2010

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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c Any submission deadlines

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Part XV Supplementary Information		<u> </u>		
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a · Paid during the year				
		ļ		
				i
		i		
				•
				ı
SEE STATEMENT 13		_		
Total			<b>▶</b> 3a	16,900
b Approved for future payment				
				1
NONE				
				:
		:		
		,		
				1
Total	<u> </u>	<u> </u>	<b>▶</b> 3b	

023611 12-07-10

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	CLL.	THOUSE D	LOLID	LOCIADA
C/0	DR.	SAMUEL	SEL	INGER

er gross amounts unless otherwise indicated	Unrelated t	usiness income		section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp function income
1.					_
)					
;	1 1				<del></del>
l		<u>-</u>			
		<u> </u>	+	-	<del></del>
Fees and contracts from government agencies	<del> </del>	<del></del> _		<del> </del>	
Membership dues and assessments			<del> </del>		
nterest on savings and temporary cash			14	3.	
nvestments	<del></del>		14	7,626.	
Irvidends and interest from securities let rental income or (loss) from real estate			1 1 1	1,020.	· · · · · · · · · · · · · · · · · · ·
Debt-financed property	<del> </del>		+		
Not debt-financed property	<del></del>		<del>                                     </del>		
let rental income or (loss) from personal	<del></del>	<del></del>	+		
roperty					
Other investment income			1-1-		
iain or (loss) from sales of assets other					<u></u>
han inventory	]		18	22,505.	
let income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue					
					<del></del> ,
·					
·					
·	_			20 124	
Subtotal Add columns (b), (d), and (e)		0	•	30,134.	20 1
otal. Add line 12, columns (b), (d), and (e)				13	30,1
	16 )			·	<del></del>
worksheet in line 13 instructions to verify calculation			xempt Pu	ırposes	
		plishment of E			
rt XVI-B Relationship of Activiti	es to the Accom				alah aran Ara
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
rt XVI-B Relationship of Activiti	es to the Accorr	olumn (e) of Part XVI-			plishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			plishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			plishment of
Relationship of Activities  e No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  e No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  e No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
Relationship of Activities  e No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			olishment of
e No. Explain below how each activity for which	es to the Accorr	olumn (e) of Part XVI-			plishment of

023621 12-07-10

		R. SAMUEI						<u>1-6481161</u>		age 13
Part X			sfers To a	and Transa	ctions a	nd Relatio	nships With	Noncharitable	е	
4 0.44	Exempt Organ		- 4 4 - 4 - 11				504(a) of		V	TAT-
	he organization directly or indi						section 501(c) of		Yes	No
	Code (other than section 501(c sfers from the reporting found				ilicai organi	zations?				
	Siers from the reporting found Cash	ation to a noncharita	inie exempt org	yamzation or				1a(1)	Ì	Х
٠.	Other assets							1a(2)	<del>                                     </del>	X
, ,	r transactions		• •					-		
(1)	Sales of assets to a noncharita	ible exempt organiza	ition					1 <u>b(1)</u>		X
(2)	Purchases of assets from a no	ncharitable exempt	organization					1b(2)		X
(3)	Rental of facilities, equipment,	or other assets						1b(3)		X
	Reimbursement arrangements	}		•				1b(4)		X
	Loans or loan guarantees							1b(5)		X
	Performance of services or me		-					. <u>1b(6)</u>		X
	ing of facilities, equipment, ma				سام اماسام ام	ova abovi tha f	nur markat valua af i	lba goods, other see	L	X
	e answer to any of the above is prvices given by the reporting f								et5,	
	mn (d) the value of the goods,			ca icss man ian	TIGING VOICE	o in uniy trumout	ation or straining unit	ingement, snow in		
(a) Line no	(b) Amount involved			e exempt organiz	ation	(d) Descri	ption of transfers, trans	sactions, and sharing ar	rangeme	ents
			N/A	, <u></u>						
						<u> </u>				
	<u> </u>		<del></del>			<del>- </del>				
		<del> </del>			·	<u> </u>	·	<del></del>		
				<del></del>		<u> </u>				
			-							
						<u> </u>	<u> </u>			
				<u> </u>		<del> </del>		<del> </del>		
	e foundation directly or indirect	•			mpt organiz	ations describe	od	Yes	Ī	٦
	ction 501(c) of the Code (othe es," complete the following sch		(3)) or in sect	1011 527				L 162	لم	טאו ני
<u> </u>	(a) Name of or			(b) Type of org	anization		(c) Description	of relationship		
	N/A	<u> </u>						<u> </u>		
								•		
	<del></del>									
	<del> </del>	<del></del>		]						
٥:	Under penalties of penury, I declar and complete Declaration of prop	re that I have examined t arer (other than taxpayer	this return, includi r or fiduciary) is ba	ing accompanying s ased on all informat	ichequies and ion of which p	reparer has any k	to the best of my know nowledge	riedge and belief, it is th	ue, corre	.ct,
Sign Here	· Sal	Kilon	. )	ı	1/23	/12 .	CO-TRUST	FF		
Here	Signature of officer or tr	ustee	<u>~</u>		Date	<del>/                                    </del>	Title	<u> </u>		
	Print/Type preparer's n		Preparer's si			Date	Check	ıf PTIN		
	The syptometry of the state of	<del>-</del>	1	1/17	_		self- employed			
Paid	ANDREW J.	MCDIRMID	nua	ーノルいか	2	1-17-12				
Prepa			KKELSE	N & SEC	REST,	P.S.	Firm's EIN	<u> </u>		
Use O										
Firm's address ▶ 926 W. SPRAGUE AVE, STE 300										

Form **990-PF** (2010)

509.747.6154

SPOKANE, WA 99201.4000

Phone no

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2010

**Employer identification number** Name of the organization THE SELINGER-SHONE FOUNDATION C/O DR. SAMUEL SELINGER 91-6481161 Organization type (check one): · Filers of: Section: ) (enter number) organization Form 990 or 990-EZ 501(c)( 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

THE SELINGER-SHONE FOUNDATION

C/O DR. SAMUEL SELINGER

Employer identification number

91-6481161

Part I	Contributors	(see instructions)

* CALE F	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE STELLA L. SELINGER CHARITABLE LEAD TRUST  5441 S. QUAIL RIDGE RD.  SPOKANE, WA 99223	\$ 76,005.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
023452 12-2	3-10	Schedule B (Form	990, 990-EZ, or 990-PF) (2010)

of Part II

Name of organization

THE SELINGER-SHONE FOUNDATION

C/O DR. SAMUEL SELINGER

Employer Identification number 91 - 6481161

Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
!		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

Name of organization

THE SELINGER-SHONE FOUNDATION

1/0	מח	CAMILET	SELINGER
. / O	DR.	SAMULL	SELINGER

91-6481161

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing  Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of git	ft  Relationship of transferor to transferee		
(a) No.					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	ft		
	Transferee's name, address, and		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	ft		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		

023591 05-01-10 If gain, also enter in Part I, line 7

If (loss), enter "-0-" in Part I, line 7

2

If (loss), enter "-0-" in Part I, line 8

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) D - Donation 1a CITIGROUP INC 11/19/1003/25/11 P P b CITIGROUP INC 12/30/1003/25/11 c COUNTERPOINT SLCT FUND P 10/14/0908/31/10 P 12/30/0908/31/10 d COUNTERPOINT SLCT FUND e DIAMOND HILL FINANCIAL LONG SHORT FUND CL A P 04/21/10|11/09/10 f ENCOMPASS FUND P 01/08/1005/11/ . g FAIRFAX FINANCIAL HLDGS P 10/21/1001/19/10 P 04/22/1010/26/10 h FBR SMALL CAP FINANCIAL FUND FIRST NIAGARA FINL NEW P 02/02/1103/25/11 . FIRST NIAGARA FINL NEW P 02/23/1103/25/11 P 02/24/1103/25/11 k FREEPORT MCMORAN COPPER | GENERAL ELECTRIC COMPANY Ρ 01/25/1103/28/11 P 02/09/0904/19/10 m GOLDMAN SACHS GROUP INC P 09/18/0904/19/10 n GOLDMAN SACHS GROUP INC o GOLDMAN SACHS P 01/06/1102/23/11 GROUP INC (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 4,269  $\overline{175}$ . 4,444. a 2,394. 2,222. <172.> b 9,548. 10,990. <1,442.> C 54. 47. <7.> d 5,000 4,731. <269.> е 21,885. <305.> 21,580. f 3,889. 4,115. <226.> g <953.> 4,047. 5,000. h 2,785. 2,893. <108.> 32. 30. <2.> 5,435. 5,135. 300. k 1,973. 2,007. <34.> 9,757. 15,914. 6,157. m 7,957. 8,884. <927.> n 3,245. 3,499. <254.> 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any <del>175</del>. а <172.> b <1,442.> c <7.> d <269.> е <305.> <226.> g <953.> h <108.> 1 <2.> 300. k <34.> 6,157. m <927.> n <254.> 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

(a) Cost or other basis

plus expense of sale

5,923.

7,453.

7,282.

4,679.

8,066.

10,823.

STRAT

REAL RETURN

(f) Depreciation allowed

(or allowable)

g 212.		221.	<9.>
h 24,138.	<del></del>	21,696.	2,442.
12,185.		12,227.	<42.>
3,976.		4,135.	<159.>
k 3,631.		3,551.	80.
1,993.	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	1,983.	10.
m 4,364.		4,360.	4.
n 4,354.		5,000.	<646.>
0 105.		112.	<7.>
Complete only for assets showing	gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (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 over col (k), but not less than "-0-")
a			<76.>
b	· · · · · · · · · · · · · · · · · · ·		4,241.
C			<168.>
d			172.
e	· · · · · · · · · · · · · · · · · · ·		2,590.
f			2,196.
o o			<9.>
h			2,442.
1			<42.>
i			<159.>
k			80.
i i	·		10.
m			4.
n			<646.>
0			<7.>
Capital gain net income or (net capit     Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co	as defined in sections 1222(5) ar	r in Part I, line 7 )-" in Part I, line 7 and (6)	2

3

03/18/1006/03/10

<del><76</del>.>

<del><168.</del>>

172.

4,241.

2,590.

2,196.

(h) Gain or (loss)

(e) plus (f) minus (g)

if (loss), enter "-0-" in Part I, line 8

o PIMCO COMMODITY

5,847.

7,114.

4,851.

13,413.

10,262.

11,694.

(e) Gross sales price

a

þ

C

q

0

Part My Capital Gains and Lo	sses for lax on investment income				
(a) List and 2-story b	d describe the kind(s) of property solorick warehouse, or common stock, 20	i, e g , real estate, 00 shs MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )
1a PIMCO REAL EST	ATE REAL RETURN	STRAT D	P	10/15/10	12/30/10
b SINA CORPORATI	ON		P	02/15/11	02/23/11
c SKYWORKS SOLUT	IONS INC		P	01/12/11	02/23/11
d TECK RESOURCES	LTD CL		P	10/15/10	01/21/11
e TILSON FOCUS F	UND		P	03/19/10	11/02/10
t VERIZON COMMUN			P		02/23/11
. g YACKTMAN FOCUS			P	10/14/09	02/28/11
h CAPITAL GAINS	DIVIDENDS				
·					
_k					
				<u> </u>	
<u>m</u>				<del></del>	
<u>n</u>				<del></del>	
0					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)	
a 9,715.		10,000.			<285.>
<u>ь</u> 777.		958.			<181.>
c 1,697.		1,608.			89.
<u>d</u> 5,873.		4,624.			1,249.
<u>e</u> 4,863.		5,000.			< <u>137.</u> >
f 7,161.		6,494.			667.
g 12,046.		9,886.			2,160.
h 2,290.					2,290.
1					
J					
<u>k</u>			<del></del>		
<u> </u>				<del></del> -	
<u>m</u>					
<u>n</u>					
O Complete and for accept about	a source (b) and award but	the foundation on 19/91/60			
Complete only for assets snowi	ng gain in column (h) and owned by t		(I) L0 Gains (excess	sses (from col (h) of col (h) gain ove	) ercol(k)
(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		not less than "-0-")	,, coi (k),
	45 01 12/5 1/55	over our ()// ii diry			<285.>
<u>a</u>			<del></del> -	<del></del>	<181.>
<u>b</u>			<del>-</del>	<del></del>	89.
<u>C</u>				<del></del>	1,249.
<u>d</u>			· <del>-</del> .		<137.>
<u>e</u>					667.
<u>f</u>			<del></del>		2,160.
g h					2,290.
]					
1			<del></del>	<del></del>	
k			<u></u>		·
m					
n					
0					
2 Capital gain net income or (net ca	apital loss) { if gain, also enter if (loss), enter if (loss), enter if (loss).	in Part I, line 7	2		22,505.
	ss) as defined in sections 1222(5) an	<b>\</b>			<u> </u>
If gain, also enter in Part I, line 8,		}			
If (loss), enter "-0-" in Part I, line			3	N/A	

FORM 990-PF INTEREST ON SAVI	NGS AI	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMEN	г 1
SOURCE						MOUN	r
CHARLES SCHWAB							3.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A				3.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	г 2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN AMOUN	
CHARLES SCHWAB	-		9,916.		2,290.	7,	,626.
TOTAL TO FM 990-PF, PART I, L	N 4		9,916.		2,290.	7 ,	,626.
FORM 990-PF	AC	COUNTI	NG FEES		<del></del>	STATEMENT	r 3
DESCRIPTION	EXPÈ	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		TABLE
MCDIRMID, MIKKELSEN & SECREST, P.S.		2,305.	1	,153.		0. 1,	,152.
TO FORM 990-PF, PG 1, LN 16B		2,305.	1	,153.		0. 1,	,152.
FORM 990-PF	<u> </u>	TAX	ES			STATEMENT	г 4
DESCRIPTION	EXPE		NET INV	EST-	(C) ADJUSTED NET INCOM	CHARIT	TABLE
FOREIGN TAXES ON DIVIDENDS		6.		6.		0.	0.
TO FORM 990-PF, PG 1, LN 18		6.		6.		0.	0.

FORM 990-PF	OTHER E	XPENSES	rs 	ATEMENT 5
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
INVESTMENT EXPENSES	8.	8.	0.	0.
LICENSE RENEWAL	25.	12.		13.
TO FORM 990-PF, PG 1, LN 23	33.	20.	0.	13.

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
ALPHA NATURAL RESOURCES APACHE CORP APPLE INC. ARM HOLDINGS PLC ADR BAIDU INC ADR BERKSHIRE HATHAWAY CANADIAN OIL SANDS LTD CHESAPEAKE ENERGY CORP CNOOC LIMITED ADR CONTINENTAL RESOURCES CORE LABORATORIES DEXCOM INC EATON CORPORATION EOG RESOURCES INC GOLDCORP INC NEW GOLDMAN SACHS GROUP INC GOOGLE INC HERBALIFE LTD HESS CORPORATION JOHNSON & JOHNSON JP MORGAN CHASE & CO NOVAGOLD RES INC NEW OGX PETROLEO E GAS PEABODY ENERGY CORP PERRIGO CO POTASH CORP SASK INC PRINCIPAL FINANCIAL GROUP		2,839. 3,147. 5,148. 1,559. 1,717. 3,263. 3,062. 3,164. 6,324. 6,893. 995. 1,409. 10,790. 5,801. 4,560. 0. 7,615. 3,429. 0. 1,838. 1,414. 0. 3,603. 3,698. 5,832. 3,379.	2,969. 3,273. 5,228. 1,409. 3,445. 4,182. 3,363. 3,352. 7,591. 7,147. 1,022. 1,552. 11,088. 5,926. 4,980. 0. 0. 8,136. 3,408. 0. 1,844. 1,300. 0. 3,598. 3,976. 5,893. 3,211.
SALESFORCE COM SINA CORPORATION WELLS FARGO & CO NEW WHITING PETROLEUM CORP		2,746. 1,029. 3,176. 3,382.	2,672. 1,070. 3,171. 3,673.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	101,812.	108,479.

FORM 990-PF OTH	HER INVESTMENTS		STATEMENT 7
	NAT HARTON		ENTE MARKET
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ADVISORSHARES TRUST ETF CAMBRIA	COST		
GLOBAL TACITICAL		5,109.	5,242.
AMB PROPERTY CORP	COST	2,885.	3,597.
AMERICAN CAPITAL AGENCY REITS	COST	2,925.	2,914.
ANNALY CAPITAL MGMT REIT	COST	3,553.	3,490.
BARCLAYS BANK IPATH ETN MSCI INDIA	A COST		~ ^-^
TOTAL RTN IDX		6,644.	7,273.
CGM FOCUS FUND	COST	0.	0.
CGM REALTY FUND	COST	5,009.	6,206.
COHEN & STEERS REALTY SHARES	COST	10,000.	10,443.
COUNTERPOINT SLCT FUND	COST	0.	0.
CRM INTL OPPTY INV	COST	10,412.	10,807.
ENCOMPASS FUND	COST	5,050.	4,913.
FAIRHOLME FUND	COST	15,462.	16,878.
GUINNESS ATKINSON GLOBAL ENERGY	COST	_	_
FUND		0.	0.
IQ CANADA SMALL CAP ETF	COST	1,767.	1,759.
IȘHARES MSCI AUSTRALIA INDEX FUND	COST	0.	0.
ISHARES MSCI BRAZIL FREE INDEX FUN		3,422.	3,876.
ISHARES MSCI CANADA INDEX FUND	COST	5,233.	6,722.
ISHARES TRUST INDEX FUND (CHINA)	COST	0.	0.
ISHARES TRUST S&P LATIN AMERICA 40	COST		
IDX		12,241.	16,137.
JANUS GLOBAL RESEARCH FUND	COST	18,500.	24,243.
JANUS OVERSEAS FUND	COST	33,518.	39,086.
JANUS SMART PORTFOLIO MODERATE	COST	9,825.	11,306.
JANUS TRITON FUND	COST	4,824.	5,517.
JP MORGAN EXH	COST	3,574.	3,797.
KKR & CO LP	COST	1,739.	1,641.
MARKETFIELD FUND	COST	25,057.	30,592.
MATTHEWS ASIA DIVIDEND FUND	COST	10,180.	10,946.
MATTHEWS ASIAN GROWTH & INCOME FUR		20,573.	20,378.
MATTHEWS ASIA SMALL COMPANIES FUNI		10,118.	10,258.
MATTHEWS PACIFIC TIGER FUND	COST	15,819.	21,202.
OAKMARK GLOBAL SELECT FUND	COST	10,066.	12,149.
PERMANENT PORTFOLIO FUND	COST	12,848.	16,293.
PHOCAS REAL ESTATE FD	COST	5,050.	5,076.
PIMCO ALL ASSET ALL AUTHORITY	COST	0.	0.
PIMCO COMMODITY REAL RETURN STRAT	COST	0.	0.
PÒWERSHS EXCH TRAD FD TR	COST	3,682.	4,165.
ROBECO BOSTON PARTNERS LONGSHORT I		12,727.	14,399.
ROYCE GLOBAL VALUE FUND	COST	10,132.	15,098.
ROYCE PREMIER FD	COST	10,170.	14,176.
RYDEX ETF TRUST MSCI EMERGING	COST		
MÄRKETS		4,159.	4,107.
RYDEX ETF TRUST RUSSELL MIDCAP	COST		
EQUAL		4,683.	5,082.

THE SELINGER-SHONE FOUNDATION C/O	DR. SA		91-6481161
RYDEX ETF TRUST S&P 500 EQUAL WT	COST		
INDX FD		4,801.	5,046.
SEQUOIA FUND	COST	5,114.	5,649.
SOUTHERNSUN SMALL CAP FUND	COST	2,500.	2,817.
STEELPATH MLP INCOME FD	COST	2,885.	3,391.
TCW EMERGING MARKETS INCOME FUND	COST	11,428.	13,108.
THOMPSON PLUMB BOND FUND	COST	14,408.	15,280.
TILSON FOCUS FUND	COST	0.	0.
TOÇQUEVILLE FUND	COST	5,079.	5,838.
WASATCH EMRG MKT SMALL CAP FD	COST	5,000.	5,210.
WASATCH GLOBAL OPPTY FD	COST	12,753.	15,947.
WASATCH MICRO CAP VALUE FUND	COST	10,000.	12,009.
WINTERGREEN FUND	COST	10,000.	10,177.
YACKTMAN FOCUSED FUND	COST	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE	.3	400,924.	464,240.
	-		·

17	STANTIAL CONTRIBUTORS VII-A, LINE 10	STATEMENT 9
NAME OF CONTRIBUTOR	ADDRESS	
THE STELLA L. SELINGER CHARITABLE	5441 S. QUAIL RIDGE RD.	
LEAD TRUST	SPOKANE, WA 99223	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DR. SAMUEL L. SELINGER 5441 S. QUAIL RIDGE RD. SPOKANE, WA 99223

TELEPHONE NUMBER

509-747-6154

FORM AND CONTENT OF APPLICATIONS

GRANT REQUESTS SHOULD BE MADE IN WRITING AND SHOULD INDICATE THE INTENDED USE OF THE FUNDS. PROOF OF EXEMPT STATUS SHOULD ACCOMPANY ALL APPLICATIONS. THE ORGANIZATION HAS A SCHOLARSHIP APPLICATION FORM WITH INSTRUCTIONS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIP AWARDS WILL NOT EXCEED \$20,000 PER YEAR IN TOTAL.

FORM 990-PF

STATEMENT

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BLAIR ACADEMY 2 PARK STREET BLAIRSTOWN, NJ 07825	NONE PROVIDE FUNDING FOR EDUCATIONAL & SCHOLARSHIP PROGRAMS	PUBLIC CHARITY	3,000.
COMMUNITY COLLEGES OF SPOKANE 501 N. RIVERPOINT BLVD SPOKANE, WA 99217		PUBLIC CHARITY	2,000.
EASTERN WASHINGTON UNIVERSITY FOUNDATION 102 HARGREAVES HALL CHENEY, WA 99004	PROVIDE FUNDING FOR	PUBLIC CHARITY	2,500.
	NONE IMPROVE HEALTH BY SETTING THE STANDARD OF EXCELLENCE IN MEDICAL EDUCATION	PUBLIC CHARITY	200.
KPBX PUBLIC RADIO 2319 N. MONROE STREET SPOKANE, WA 99205		PUBLIC CHARITY	1,000.
KSPS PUBLIC TELEVISION 3911 S. REGAL STREET SPOKANE, WA 99223	NONE SUPPORT PUBLIC PROGRAMMING SERVICES	PUBLIC CHARITY	1,000.
PRINCETON UNIVERSITY 330 ALEXANDER STREET PRINCETON, NJ 08540	NONE PROVIDE FUNDING FOR EDUCATIONAL & SCHOLARSHIP PROGRAMS	PUBLIC CHARITY	200.
SACRED HEART MEDICAL CENTER FOUNDATION PO BOX 2555 SPOKANE, WA 99220	NONE SERVE THE COMMUNITY BY OFFERING AN INCREASED LEVEL OF HEALTH CARE	PUBLIC CHARITY	1,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE SELINGER-SHONE FOUNDATION	I C/O DR. SA		91-6481161
SPOKANE SYMPHONY 818 W. RIVERSIDE AVENUE SPOKANE, WA 99201	NONE PROVIDE FUNDING FOR SYMPHONY ACTIVITIES	PUBLIC CHARITY	5,000.
TRANSITIONS 1002 N. SUPERIOR STREET SPOKANE, WA 99202	NONE FOSTER THE PERSONAL GROWTH AND WHOLENESS OF WOMEN	PUBLIC CHARITY	1,000.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A		16,900.

## Form **8868**

(Rev. January 2011) Department of the Treasury

# Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

C/O DR. SAMUEL SELINGER   S1-6481161	Internal Reve	enue Service	► File a sepa	arate app	lication for each return.			
■ If you are filing for an Additional Mot Automatic) 3-Month Extension, complete only Part II (one page 2 of this form).  Do not complete Part II unless you have already been prated an automatic 3-month automatic and time to file (6 months for a corporation required to file Form \$90°), or an additional (incl automatic) 3-month automatic extension of time to file (6 months for a corporation required to file Form \$90°), or an additional (incl automatic) 3-month automatic extension of time to file any of the form \$90°), or an additional (incl automatic) 3-month extension of time. You can electronically file Form \$98°8 to require a return of time to file any of the form \$90°), or an additional fole and time to the for Chartes's Appropriate.  Personal Benefit Contracts, which must be sent to the IRS in paper formatic (see instructions). For more details on the electronic filing of this form, was the war as goodle and click on en-file for Chartes's Appropriate.  Part I only  Automatic 3-Month Extension of Time, Only submit onginal (see copies needed).  A corporation regived to file Form \$90° and requesting an automatic formorth extension - check this box and complete Part I only  Will other corporations (including 1120-Chiles), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or Name, reterd, and room of suite no. If a P.O. box, see instructions.  \$44.1 S. QUAIL RIDGE RD.  THE SELINGER-SHONE FOLINDATION  THE SELINGER-SHONE FOLINDATION  THE SELINGER SHOW and post of these, state, and 2P code. For a foreign address, see instructions.  \$550KANE, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)  Quantity of the part of the formation of the part	• If you a	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box		<b>&gt;</b>	X
Do not complete Part III unless you have already been granted an automatic 3-month extension on a previously filed Form 8888 Electronical file [6 relic No coan electronically file Form 890-7], or an additional (not automatic) 3-month extension of time to file file months for a corporation required to file Form 990-7], or an additional (not automatic) 3-month extension of firms. You can electronically file Form 8968 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8970, information Return for Transfers Associated With Certain Personal Beaneff Contracts, which must be sent to the IRS in paper formatic files enhanced. For more detailed on the electronic filing of this form, wall wave, any advised exerving an automatic 6-month extension - sheek this box and complete Part I I and Vall office corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorner as returns.  Type or International Compositions (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorner as returns.  Type or International Compositions (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorner as returns.  Type or International Compositions (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorner as returns.  The SELITINGER-SHONE FOUNDATION			·			form).		
Electronic filing (e-fiel, You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (e-mosth) or a corporation regulated to file Form 8907), and additional for automatical Symonth stansion of time to file any of the forms listed in Part (or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, you will have required and election and file for Canables & Monzpoints.    Part I   Automatic 3-Month Extension of Time, Only submit original for copies needed). A corporation regime of the Form 8901 and requesting an automatic formonth extension - check this box and complete Part I only   White corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tex returns.    White corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tex returns.   White corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tex returns.   Page 11 only   Page 21 only   Page 22 only								
required to file Form 990-Ti, or an additional float automatic) 3-month extension of time. You can electronically file Form 8668 to request an extension of time to fite any of the forms listed in Part of Part I with the exception of Form 870. (information Return for Transfers Action Part Transfers Action Pa		-	, ,		·			rotion
of time to file any of the forms letted in Part for Part II with the exception of Form 8870, Information Return for Transfers Associated With Cartan Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, walk twow.ins.govidible and click on e-file for Charters & Anaprofiles.    Part I		-						
Personal Benefit Contracts, which must be sent to the IRS in paper formal (see instructions). For more details on the electronic filing of this form, wasted twew are governed and cick on an electronic filing of this form, wasted the and cick on an electronic filing of this form, wasted the and cick on an electronic filing of this form, and the analysis of the filing of the form 990-T and the required to life Form 990-T and requesting an automatic 6-month extension - check this box and complete Fart I only.  All other corporations (including 1120-C filings), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the filing fil	-	· ·					·	
Part   Automatic 3-Month Extension of Time. Only submit original (no cooper needed).		-		-				
Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne tax returns.    Part   Name of exempt organization					(see instructions). For more details on t	he elec	ctronic filing of this fo	orm,
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or I make of exampt organization  THE SELTINGER-SHONE FOUNDATION  C/O DR. SAMUEL SELTINGER  SPOKANE, SELTINGER RD.  SPOKANE, WA 99223  Enter the Return code for the return that this application is for file a separate application for each return)  O 14  Application  Form 990-T, (sorn oppost of files, satte, and 2) for other services of the return that this application is for file a separate application for each return)  O 14  Application  Form 990-T  Form 990-					<del></del>			
Martin   M								
Application   Return code for the refurn that this application is for   Code   Form 1904   Porm 1904			Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and con	plete		
Type or Name of axempt organization THE SELTINGER—SHONE FOUNDATION C/O DR. SAMUEL SELTINGER  SHOWN and the second organization organiza	Part I only						. ▶	
THE SELINGER-SHONE FOUNDATION  C/O DR. SAMUEL SELINGER  Number, street, and room or suite no. If a P.O. box, see instructions.  5441 S. QUAIL RIDGE RD.  SPOKANE, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)  D			ling 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to request ar	exten	nsion of time	
THE SELINGER-SHONE FOUNDATION  C/O DR. SAMUEL SELINGER  Number, street, and room or suite no. If a P.O. box, see instructions.  5441 S. QUAIL RIDGE RD.  SPOKANE, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)  D	Type or	Name of exempt	organization			Emp	loyer identification	number
Number, street, and room or suite no. If a P.O. box, see instructions.    5441 S. QUAIT RIDGE RD.	print	THE SELI	NGER-SHONE FOUNDAT	ION				
Number, street, and room or suite no. If a P.O. box, see instructions.    Square	•	C/O DR.	SAMUEL SELINGER			9	1-6481161	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPOKANE, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)  Application s For Code Code Code Code Code Code Code Code	File by the due date for filing your		The state of the s	ee instruc	tions.			
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Security   Se	return See			rolan add	ross, soo instructions			
Application s For Code   Sept.   Application   Sept.   Code	instructions			eign add	ress, see instructions.			<u>_</u>
S For   Code   Is For   Code   Code   Is For   Code   Cod	Enter the I	Return code for the	e return that this application is for (file	a separa	te application for each return)			0 4
S For   Code   Is For   Code   Code   Is For   Code   Cod					<u> </u>		·· <del>···</del>	
Form 990 Big Determined by De	Application	on			• •			
Form 990-BL  O2 Form 1041-A  O8 Form 990-EZ  O3 Form 4720  O9 Form 990-PF  O4 Form 5227  O5 Form 6069  O5 Form 6069  O6 Form 8870  O7 Form 6069  O7 Form 990-T (trust other than above)  O8 Form 8870  O8 Form 890 PS PS PS PS PS PS PS PS PS P	is For			Code				
Form 990-EZ  Form 990-PF  O4 Form 5227  D5 Form 6669  DR. SAMUEL L. SELINGER  The books are in the care of ▶ 5441 S. QUAIL RIDGE RD. — SPOKANE, WA 99223  Telephone No ▶ (509) 624-2805  Telephone No ▶ (509) 624-2805  If this so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011  It of file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or  □ X tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return  2 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.  1 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 3b \$ 34 .  2 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  3a \$ 100.	Form 990			01	Form 990-T (corporation)			07
Torm 990-PF  Out Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  DR. SAMUEL I. SELTNGER  The books are in the care of ▶ 5441 S. QUATIL RIDGE RD. — SPOKANE, WA 99223  Telephone No ▶ (509) 624-2805  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011, to file the exempt organization return for the organization named above. The extension is for the trust are calendar year or  If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  Change in accounting period  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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  Balance due. Subtract line 35 from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  3a \$ 100.	Form 990-	BL		02	Form 1041-A		·	08
Form 990-T (trust other than above)  DR. SAMUEL L. SELINGER  The books are in the care of ▶ 5441 S. QUAIL RIDGE RD. — SPOKANE, WA 99223  Telephone No ▶ (509) 624-2805  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or  ► X tax year beginning APR 1, 2010 , and ending MAR 31, 2011  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return  □ Change in accounting period  3a If this application is for Form 990-PF, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 134.  b If this application is for Form 990-PF, 990-F, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  by using EFTPS (Electronic Federal Tax Payment System) See instructions  3a \$ 100.	Form 990-	EZ		03	Form 4720			09
DR. SAMUEL L. SELINGER  DR. SAMUEL L. SELINGER  The books are in the care of ▶ 5441 S. QUAIL RIDGE RD. — SPOKANE, WA 99223  Telephone No ▶ (509) 624-2805 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or  ► X tax year beginning APR 1, 2010 , and ending MAR 31, 2011  2 If the tax year entered in line 1 is for less than 12 months, check reason:	Form 990-	PF	······································	04	Form 5227			10
DR. SAMUEL L. SELINGER  The books are in the care of 5441 S. QUAIL RIDGE RD. — SPOKANE, WA 99223  Telephone No (509) 624-2805  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Form 990-	T (sec. 401(a) or 40	08(a) trust)	05	Form 6069			11
The books are in the care of ► 5441 S. QUAIL RIDGE RD SPOKANE, WA 99223  Telephone No ► (509) 624-2805 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  It is for the organization's return for:  It is a geal and a group and a grou	Form 990-	T (trust other than						12
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:			of ▶ 5441 S. QUAIL F		RD SPOKANE, WA 9	922	3	
If it is for part of the group, check this box	If the o	rganization does n	ot have an office or place of business	in the Un	ited States, check this box		. •	
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Form 8868 (Rev. 1-2011)

For Paperwork Reduction Act Notice, see Instructions.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or THE SELINGER—SHONE FOUNDATION  C/O DR. SAMUEL SELINGER  Number, street, and room or suite no. If a P.O. box, see instructions.  441 S. QUAIL RIDGE RD.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SPOKANE, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)	Page 2 X  Dumber  0 4  Return Code  08 09
● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).    Part II	0 4 Return Code
Part      Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	0 4 Return Code
Name of exempt organization   PHE SELINGER-SHONE FOUNDATION   91-6481161	0 4 Return Code
THE SELINGER-SHONE FOUNDATION  C/O DR. SAMUEL SELINGER  Number, street, and room or suite no. If a P.O. box, see instructions.  Suiting year in the case by the street of the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code Is For  Form 990  O1  Form 990-EZ  Form 990-FP  O4 Form 5227  Form 990-FP  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (ust other than above)  STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  DR. SAMUEL L. SELINGER  • The books are in the care of ▶ 5441 S. QUAIL RIDGE RD SPOKANE, WA 99223  Telephone No. ▶ (509) 624-2805  FAX No. ▶  If this of or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the issuration does not have an office or place of business in the United States, check this box  If the side or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the side or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the tax year entered in line 5 is for less than 12 months, check reason:  Influence in additional 3-month extension of time until  FEBRUARY 15, 2010  ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO F	0 4 Return Code
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File by the extended to the return that this application is for (file a separate application for each return)  Application Is For Spokane, WA 99223  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990  In this is for each 401(a) or 408(a) trust)  To The books are in the care of S441 S. QUAIL RIDGE RD.  To The books are in the care of S441 S. QUAIL RIDGE RD.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  If the tax year entered in line 5 is for less than 12 months, check reason:  ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO F  Table the return of the quarter of the group of the extension and the care of the extension of ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO F	Return Code
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City, town or post office, state, and ZIP code. For a foreign address, see instructions.    SPOKANE, WA 99223	Return Code
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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 belie	ef,
it is true, correct, and complete, and that I am authorized to prepare this form	
Signature ➤ Second Amed Title ➤ CPA Date ➤ 11-9-11	
Form 8868 (Rev.	