



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



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

2011

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

For calendar year 2011 or tax year beginning

, and ending

Name of foundation <b>SALVAGGIO FAMILY FOUNDATION C/O NORENE SALVAGGIO</b>		A Employer identification number <b>25-6614812</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1390 RIDGEVIEW DRIVE</b>	Room/suite <b>300</b>	B Telephone number <b>610-530-5000</b>
City or town, state, and ZIP code <b>ALLENTOWN, PA 18104</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>8,380,692.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		2,217.	2,217.		STATEMENT 2
4 Dividends and interest from securities		244,671.	244,482.		STATEMENT 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		286,332.			STATEMENT 1
b Gross sales price for all assets on line 6a		4,090,839.			
7 Capital gain net income (from Part IV, line 2)			1,005,623.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		533,220.	1,252,322.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees		6,700.	6,700.		0.
c Other professional fees					
17 Interest					
18 Taxes		4,221.	3,887.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses		21,000.	21,000.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		31,921.	31,587.		0.
25 Contributions, gifts, grants paid		772,447.			772,447.
26 Total expenses and disbursements. Add lines 24 and 25		804,368.	31,587.		772,447.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<271,148.>			
b Net investment income (if negative, enter -0-)			1,220,735.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing					
	2 Savings and temporary cash investments			144,261.	1,632,277.	1,632,277.
	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			46,498.	72,709.	72,709.
	7 Other notes and loans receivable ▶					
	Less: allowance for doubtful accounts ▶					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments - U.S. and state government obligations					
	b Investments - corporate stock STMT 7			9,763,283.	8,012,857.	6,675,706.
	c Investments - corporate bonds					
11 Investments - land, buildings, and equipment basis ▶						
Less: accumulated depreciation ▶						
12 Investments - mortgage loans						
13 Investments - other						
14 Land, buildings, and equipment: basis ▶						
Less: accumulated depreciation ▶						
15 Other assets (describe ▶)						
16 Total assets (to be completed by all filers)			9,954,042.	9,717,843.	8,380,692.	
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶)					
23 Total liabilities (add lines 17 through 22)			0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds			0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds			9,954,042.	9,717,843.	
30 Total net assets or fund balances			9,954,042.	9,717,843.		
31 Total liabilities and net assets/fund balances			9,954,042.	9,717,843.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	9,954,042.
2 Enter amount from Part I, line 27a	2	<271,148.>
3 Other increases not included in line 2 (itemize) ▶ SECURITIES COST BASIS ADJUSTMENTS	3	34,949.
4 Add lines 1, 2, and 3	4	9,717,843.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	9,717,843.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> SEE ATTACHED STATEMENTS			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 4,090,839.		3,085,216.	1,005,623.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			1,005,623.

2 Capital gain net income or (net capital loss)	2	1,005,623.
3 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	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	802,391.	6,854,995.	.117052
2009	845,543.	5,937,048.	.142418
2008	731,635.	9,317,123.	.078526
2007	836,961.	14,324,571.	.058428
2006	684,348.	12,703,454.	.053871

2 Total of line 1, column (d)	2	.450295
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.090059
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	8,994,628.
5 Multiply line 4 by line 3	5	810,047.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	12,207.
7 Add lines 5 and 6	7	822,254.
8 Enter qualifying distributions from Part XII, line 4	8	772,447.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

## SALVAGGIO FAMILY FOUNDATION

Form 990-PF (2011)

C/O NORENE SALVAGGIO

25-6614812

Page 4

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	24,415.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	24,415.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	24,415.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	2,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	2,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	45.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	22,460.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

Form 990-PF (2011)

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>		X	
14	The books are in care of <b>NORENE L. SALVAGGIO</b> Telephone no. <b>610-530-5000</b> Located at <b>1390 RIDGEVIEW DRIVE, SUITE 300, ALLENTOWN, PA</b> ZIP+4 <b>18104</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country		16	Yes No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
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 2011?		1c 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)):		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2011 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 2011.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b X

Form 990-PF (2011)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A** ☐ Yes ☒ No  
 Organizations relying on a current notice regarding disaster assistance check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☒ No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No  
 If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NORENE L. SALVAGGIO	TRUSTEE			
1432 CEDARWOOD ROAD		0.00	0.	0.
ALLENTOWN, PA 18104				
THOMAS A. SALVAGGIO	TRUSTEE			
6124 HAASADAH ROAD		0.00	0.	0.
OREFIELD, PA 18069				
CHRISTY A. GHIGIARELLI	TRUSTEE			
26 FITZGERALD DRIVE		0.00	0.	0.
MOOSIC, PA 18507				
SUZIE A. SPINOSA	TRUSTEE			
3018 BARRINGTON LANE		0.00	0.	0.
ALLENTOWN, PA 18103				

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	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 N/A	
2	
All other program-related investments. See instructions.	
3	

**Total.** Add lines 1 through 3 0.



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see 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	8,104,358.
b Average of monthly cash balances	1b	1,027,244.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	9,131,602.
e 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	9,131,602.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	136,974.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,994,628.
6 Minimum investment return. Enter 5% of line 5	6	449,731.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	449,731.
2a Tax on investment income for 2011 from Part VI, line 5	2a	24,415.
b Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	24,415.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	425,316.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	425,316.
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	425,316.

**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	772,447.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
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	772,447.
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	772,447.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**SALVAGGIO FAMILY FOUNDATION**  
**C/O NORENE SALVAGGIO**

Form 990-PF (2011)

25-6614812 Page 9

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				425,316.
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006	56,375.			
<b>b</b> From 2007	143,204.			
<b>c</b> From 2008	270,407.			
<b>d</b> From 2009	551,783.			
<b>e</b> From 2010	463,337.			
<b>f</b> Total of lines 3a through e	1,485,106.			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4: ▶ \$	772,447.			
<b>a</b> Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2011 distributable amount				425,316.
<b>e</b> Remaining amount distributed out of corpus	347,131.			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,832,237.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7	56,375.			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,775,862.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2007	143,204.			
<b>b</b> Excess from 2008	270,407.			
<b>c</b> Excess from 2009	551,783.			
<b>d</b> Excess from 2010	463,337.			
<b>e</b> Excess from 2011	347,131.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities					
Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NORENE L. SALVAGGIO**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ADHD AWARE 8 E. COURT STREET DOYLESTOWN, PA 18901	N/A	PUBLIC	CHARITABLE	200.
ALLENTOWN ART MUSEUM 31 N FIFTH STREET ALLENTOWN, PA 18101	N/A	PUBLIC	CHARITABLE	1,000.
ALLENTOWN RESCUE MISSION 355 HAMILTON STREET, PO BOX 748 ALLENTOWN, PA 18105	N/A	PUBLIC	CHARITABLE	10,000.
ALLENTOWN SCHOOL DISTRICT 31 SOUTH PENN STREET ALLENTOWN, PA 18105	N/A	PUBLIC	CHARITABLE	45,292.
AMERICAN CANCER SOCIETY 3893 ADLER PLACE, SUITE 170 BETHLEHEM, PA 18017	N/A	PUBLIC	CHARITABLE	1,200.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>772,447.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |   |   | Yes   | No |
|---|---|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |       |    |
|   | a Transfers from the reporting foundation to a noncharitable exempt organization of:  |       |    |
|   | (1) Cash  | 1a(1) | X  |
|   | (2) Other assets  | 1a(2) | X  |
|   | b Other transactions:   |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization  | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization  | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets  | 1b(3) | X  |
|   | (4) Reimbursement arrangements  | 1b(4) | X  |
|   | (5) Loans or loan guarantees  | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations  | 1b(6) | X  |
|   | c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  | 1c    | X  |
|   | d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Noreen  
Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below (see instr)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

ANTHONY R. DEUTSCH,  
CPA

Preparer's signature

Date \_\_\_\_\_

Check ☐ self-employed

PTIN
------

Firm's name ▶ **CONCANNON, MILLER & CO., P.C.**

Firm's EIN ► 23-2620120

Firm's address ► 1525 VALLEY CENTER PARKWAY, SUITE 300  
BETHLEHEM, PA 18017-2285

Phone no. (610) 433-5501

Form **990-PF** (2011)

**SALVAGGIO FAMILY FOUNDATION**  
**C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	N/A	PUBLIC	CHARITABLE	400.
BETHANY CHURCH 500 BREAKFAST HILL ROAD GREENLAND, NH 03840	N/A	PUBLIC	CHARITABLE	100.
BOY SCOUTS MINSI TRAIL P.O. BOX 20624 ALLENTOWN, PA 18002	N/A	PUBLIC	CHARITABLE	6,000.
BOYS & GIRLS CLUB 720 N SIXTH STREET ALLENTOWN, PA 18102	N/A	PUBLIC	CHARITABLE	15,200.
CAI EDUCATION ADVANCEMENT TRUST 1390 RIDGEVIEW DRIVE ALLENTOWN, PA 18104	N/A	PRIVATE OPERATING FOUNDATION	CHARITABLE	52,000.
CATHOLIC CHARITIES 2141 DOWNY FLAKE LANE ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	6,000.
CETRONIA AMBULANCE 7355 WILLIAM AVENUE ALLENTOWN, PA 18106	N/A	PUBLIC	CHARITABLE	115.
CHILD ADVOCACY CENTER OF LEHIGH COUNTY 17 S. 7TH STREET ALLENTOWN, PA 18101	N/A	PUBLIC	CHARITABLE	5,041.
COHEN FEELEY CHARITABLE FOUNDATION 2851 BAGLYOS CIRCLE BETHLEHEM, PA 18044	N/A	PUBLIC	CHARITABLE	1,000.
COMMONWEALTH FOUNDATION 225 STATE STREET, SUITE 302 HARRISBURG, PA 17101	N/A	PUBLIC	CHARITABLE	500.
<b>Total from continuation sheets</b>				<b>714,755.</b>

**SALVAGGIO FAMILY FOUNDATION  
C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
COVENANT HOUSE 31 E. ARMAT STREET PHILADELPHIA, PA 19144	N/A	PUBLIC	CHARITABLE	2,000.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDA, MD 20814	N/A	PUBLIC	CHARITABLE	200.
DAVINCI SCIENCE CENTER 3145 HAMILTON BLVD BYPASS ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	100.
DEL-MAR-VA COUNCIL 400 RODNEY SCOUT ROAD NORTH EAST, MD 21901	N/A	PUBLIC	CHARITABLE	2,000.
DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 18034	N/A	PUBLIC	CHARITABLE	21,800.
DIOCESE OF ALLENTOWN 202 NORTH 17TH STREET ALLENTOWN, PA 18104	N/A	PUBLIC	CHARITABLE	60,000.
EASTER SEALS 233 SOUTH WACKER DRIVE, SUITE 2400 CHICAGO, IL 60606	N/A	PUBLIC	CHARITABLE	20,150.
EASTON BOYS AND GIRLS CLUB P.O. BOX 741 EASTON, PA 18044	N/A	PUBLIC	CHARITABLE	1,000.
GIFT OF HEARING FOUNDATION 95 OLD BOSTON NECK ROAD NARRAGANSETT, RI 02882	N/A	PUBLIC	CHARITABLE	2,000.
GOOD SHEPHERD GOLD RUSH 700 EAST MARSHALL AVE LONGVIEW, TX 75601	N/A	PUBLIC	CHARITABLE	5,000.
<b>Total from continuation sheets</b>				



**SALVAGGIO FAMILY FOUNDATION  
C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
HOLY INFANCY SCHOOL 127 EAST 4TH STREET BETHLEHEM, PA 18015	N/A	PUBLIC	CHARITABLE	8,620.
JUDICIAL WATCH 425 3RD STREET, SUITE 800 WASHINGTON, DC 20024	N/A	PUBLIC	CHARITABLE	250.
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	N/A	PUBLIC	CHARITABLE	500.
LEHIGH VALLEY COMMUNITY FOUNDATION 961 MARCON BLVD ALLENTOWN, PA 18109	N/A	PUBLIC	CHARITABLE	500.
LEUKEMIA AND LYMPHOMA ASSOCIATION 555 N LANE, SUITE 5010 CONSHOCHOCKEN, PA 19428	N/A	PUBLIC	CHARITABLE	5,000.
LIFEPATH INC 3500 HIGH POINT BOULEVARD BETHLEHEM, PA 18017	N/A	PUBLIC	CHARITABLE	5,000.
LINCOLN LEADERSHIP ACADEMY CHARTER SCHOOL 1414 EAST CEDAR STREET ALLENTOWN, PA 18109	N/A	PUBLIC	CHARITABLE	5,800.
LV HEALTH NETWORK 1247 S CEDAR CREST BLVD ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	1,000.
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	N/A	PUBLIC	CHARITABLE	50.
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	N/A	PUBLIC	CHARITABLE	550.
<b>Total from continuation sheets</b>				

**SALVAGGIO FAMILY FOUNDATION  
C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
OUR LADY HELP OF CHRISTIANS 922 HANOVER AVE ALLENTOWN, PA 18109	N/A	PUBLIC	CHARITABLE	13,503.
PENN STATE UNIVERSITY 308 OLD MAIN UNIVERSITY PARK, PA 16802	N/A	PUBLIC	CHARITABLE	100,391.
PHI KAPPA PSI FOUNDATION 5395 EMERSON WAY INDIANAPOLIS, IN 46226	N/A	PUBLIC	CHARITABLE	3,000.
PHILLIPINE RELIEF FUND - GLOBAL GIVING 1023 15TH STREET, NW, 12TH FLOOR WASHINGTON, DC 20005	N/A	PUBLIC	CHARITABLE	1,000.
PHS BASEBALL BOOSTER CLUB 2700 N CEDAR CREST BLVD ALLENTOWN, PA 18104	N/A	PUBLIC	CHARITABLE	200.
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	N/A	PUBLIC	CHARITABLE	250.
PUSH THE ROCK 647 WALNUT STREET EMMAUS, PA 18049	N/A	PUBLIC	CHARITABLE	15,000.
SACRED HEART CHURCH 1817 1ST STREET BETHLEHEM, PA 18020	N/A	PUBLIC	CHARITABLE	200.
SACRED HEART SCHOOL 325 N 4TH STREET ALLENTOWN, PA 18102	N/A	PUBLIC	CHARITABLE	22,145.
SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE, MN 55113	N/A	PUBLIC	CHARITABLE	100.
<b>Total from continuation sheets</b>				

**SALVAGGIO FAMILY FOUNDATION  
C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
SALVATION ARMY CHRISTMAS ADOPT A FAMILY PROGRAM 2445 PRIOR AVE N ROSEVILLE, MN 55113	N/A	PUBLIC	CHARITABLE	10,800.
SECOND MILE 1402 SOUTH ATHERTON ST STATE COLLEGE, PA 16801	N/A	PUBLIC	CHARITABLE	20,000.
SISTERS OF ST. FRANCIS OF PHILADELPHIA 609 S. CONVENT RD ASTON, PA 19014	N/A	PUBLIC	CHARITABLE	50.
SISTERS OF ST. JOSEPH 9701 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	N/A	PUBLIC	CHARITABLE	200.
ST JOSEPH THE WORKER CHURCH 1879 APPLEWOOD DRIVE OREFIELD, PA 18069	N/A	PUBLIC	CHARITABLE	100.
ST JOSEPH'S INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57325	N/A	PUBLIC	CHARITABLE	320.
ST LUKE'S 1227 LIBERTY STREET, SUITE 303 ALLENTOWN, PA 18102	N/A	PUBLIC	CHARITABLE	3,500.
ST THOMAS MORE 1040 FLEXER AVE ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	19,550.
ST THOMAS MORE SCHOOL 1040 FLEXER AVE ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	252,000.
ST WILLIAMS PARISH 6200 RISING SUN AVE PHILADELPHIA, PA 19111	N/A	PUBLIC	CHARITABLE	1,000.
<b>Total from continuation sheets</b>				

**SALVAGGIO FAMILY FOUNDATION  
C/O NORENE SALVAGGIO**

25-6614812

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

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 recipient	Purpose of grant or contribution	Amount
STARLIGHT CHILDRENS FOUNDATION 2049 CENTURY PARK EAST, SUITE 4320 LOS ANGELES, CA 90067	N/A	PUBLIC	CHARITABLE	2,500.
THE FIRST TEE OF THE LEHIGH VALLEY 1380 FRITZ DRIVE BETHLEHEM, PA 18042	N/A	PUBLIC	CHARITABLE	3,000.
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002-4999	N/A	PUBLIC	CHARITABLE	1,000.
THE LEONARD POOL SOCIETY 1247 S CEDAR CREST BLVD ALLENTOWN, PA 18103	N/A	PUBLIC	CHARITABLE	2,500.
UNITED SERVICES ORGANIZATION PO BOX 96322 WASHINGTON, DC 20090	N/A	PUBLIC	CHARITABLE	10.
UNITED WAY 2200 AVENUE A, THIRD FLOOR BETHLEHEM, PA 18017	N/A	PUBLIC	CHARITABLE	10,000.
VALLEY YOUTH HOUSE 829 LINDEN STREET ALLENTOWN, PA 18101	N/A	PUBLIC	CHARITABLE	4,500.
WOODLAWN FIRE DEPT 1651 WHITEHALL AVENUE ALLENTOWN, PA 18104	N/A	PUBLIC	CHARITABLE	60.
<b>Total from continuation sheets</b>				

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED SECURITIES - MERRILL LYNCH #838-0	P	VARIOUS	VARIOUS
b	PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04C	P	VARIOUS	VARIOUS
c	PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04C	P	VARIOUS	VARIOUS
d	PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-040	P	VARIOUS	VARIOUS
e	PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-040	P	VARIOUS	VARIOUS
f	PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	P	VARIOUS	VARIOUS
g	PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	D	VARIOUS	VARIOUS
h	PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	P	VARIOUS	VARIOUS
i	PUBLICLY TRADED SECURITIES-WELLS FARGO #3208-3337	P	VARIOUS	VARIOUS
j	PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY SCOT	D	VARIOUS	VARIOUS
k	PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY SCOT	D	VARIOUS	VARIOUS
l	PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY SCOT	P	VARIOUS	VARIOUS
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	88,083.	107,766.	<19,683.>
b	91,300.	100,000.	<8,700.>
c	648,092.	530,969.	117,123.
d	100,925.	95,372.	5,553.
e	194,797.	230,475.	<35,678.>
f	4,005.	3,603.	402.
g	118,943.	72,979.	45,964.
h	702,853.	713,379.	<10,526.>
i	341,897.	252,973.	88,924.
j	1,208,524.	714,284.	494,240.
k	422,963.	153,133.	269,830.
l	168,457.	110,283.	58,174.
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<19,683.>
b			<8,700.>
c			117,123.
d			5,553.
e			<35,678.>
f			402.
g			45,964.
h			<10,526.>
i			88,924.
j			494,240.
k			269,830.
l			58,174.
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	1,005,623.
3 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 }	3	N/A

FORM 990-PF	GAIN OR (LOSS) FROM SALE OF ASSETS	STATEMENT	1
-------------	------------------------------------	-----------	---

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED SECURITIES - MERRILL LYNCH #838-04008	PURCHASED	VARIOUS	VARIOUS

  

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
88,083.	107,766.	0.	0.	<19,683.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04C38	PURCHASED	VARIOUS	VARIOUS

  

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
91,300.	100,000.	0.	0.	<8,700.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04C38	PURCHASED	VARIOUS	VARIOUS

  

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
648,092.	530,969.	0.	0.	117,123.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04008	100,925.	95,372.	0.	0.	5,553.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-MERRILL LYNCH #7H1-04008	194,797.	230,475.	0.	0.	<35,678.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	4,005.	3,603.	0.	0.	402.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	118,943.	100,563.	0.	0.	18,380.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-WELLS FARGO #7478-8363	702,853.	713,379.	0.	0.	<10,526.>

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-WELLS FARGO #3208-3337	341,897.	252,973.	0.	0.	88,924.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY SCOTT #5742-2221	1,208,524.	1,164,554.	0.	0.	43,970.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY SCOTT #1374-6379	422,963.	394,570.	0.	0.	28,393.



(A)

DESCRIPTION OF PROPERTY

MANNER  
ACQUIREDDATE  
ACQUIRED

DATE SOLD

PUBLICLY TRADED SECURITIES-JANNEY MONTGOMERY  
SCOTT #1374-6379

PURCHASED

VARIOUS

VARIOUS

(B)  
GROSS  
SALES PRICE(C)  
COST OR  
OTHER BASIS(D)  
EXPENSE OF  
SALE(E)  
DEPREC.(F)  
GAIN OR LOSS

168,457.

110,283.

0.

0.

58,174.

CAPITAL GAINS DIVIDENDS FROM PART IV

0.

TOTAL TO FORM 990-PF, PART I, LINE 6A

286,332.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 2

SOURCE AMOUNT

MERRILL LYNCH #7H1-04008

9.

MERRILL LYNCH #7H1-04C38

130.

MERRILL LYNCH #838-04008

94.

MERRILL LYNCH #838-04C38

1,984.

TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A

2,217.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 3

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
JANNEY MONTGOMERY SCOTT #1374-6379	46,012.	0.	46,012.
JANNEY MONTGOMERY SCOTT #5742-2221	11,126.	0.	11,126.
MERRILL LYNCH #7H1-04008	138,259.	0.	138,259.
MERRILL LYNCH #7H1-04C38	2,904.	0.	2,904.
MERRILL LYNCH #838-04008	12,983.	0.	12,983.
MERRILL LYNCH #838-04C38	1,022.	0.	1,022.
WELLS FARGO #3208-3337	16,525.	0.	16,525.
WELLS FARGO #7478-8363	15,840.	0.	15,840.
TOTAL TO FM 990-PF, PART I, LN 4	244,671.	0.	244,671.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
-------------	-----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,700.	6,700.		0.
TO FORM 990-PF, PG 1, LN 16B	6,700.	6,700.		0.

FORM 990-PF	TAXES	STATEMENT	5
-------------	-------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAX	334.	0.		0.
FOREIGN INCOME TAXES	3,887.	3,887.		0.
TO FORM 990-PF, PG 1, LN 18	4,221.	3,887.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
-------------	----------------	-----------	---

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	21,000.	21,000.		0.
TO FORM 990-PF, PG 1, LN 23	21,000.	21,000.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
-------------	-----------------	-----------	---

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED INVESTMENTS	8,012,857.	6,675,706.
TOTAL TO FORM 990-PF, PART II, LINE 10B	8,012,857.	6,675,706.

Form **8868**

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I 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, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I 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 income tax returns.

Type or print	Name of exempt organization or other filer, see instructions <b>SALVAGGIO FAMILY FOUNDATION C/O NORENE SALVAGGIO</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>25-6614812</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1390 RIDGEVIEW DRIVE, NO. 300</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ALLENTOWN, PA 18104</b>	

Enter the Return code for the return that this application is for (file a separate 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-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NORENE L. SALVAGGIO**

- The books are in the care of ▶ **1390 RIDGEVIEW DRIVE, SUITE 300 - ALLENTOWN, PA 18104**
- Telephone No ▶ **610-530-5000** 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2011** or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c 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.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1 2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- 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 print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions.	
	Name of exempt organization or other filer, see instructions <b>SALVAGGIO FAMILY FOUNDATION</b> <b>C/O NORENE SALVAGGIO</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>25-6614812</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1390 RIDGEVIEW DRIVE, NO. 300</b>	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18104</b>		

Enter the Return code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.****NORENE L. SALVAGGIO**

- The books are in the care of **1390 RIDGEVIEW DRIVE, SUITE 300 - ALLENTOWN, PA 18104**  
Telephone No. **610-530-5000** 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 additional 3-month extension of time until **NOVEMBER 15, 2012.**
- For calendar year **2011**, or other tax year beginning ☐ and ending ☐
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL INFORMATION IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$ <b>2,000.</b>
<b>b</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.	<b>8b</b>	\$ <b>0.</b>
<b>c</b> 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.	<b>8c</b>	\$ <b>2,000.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐ Title **PRESIDENT** Date ☐

Form 8868 (Rev. 1-2012)