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**Short Form
Return of Organization Exempt From Income Tax**

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service



A For the 2009 calendar year, or tax year beginning 8/01, 2009, and ending 7/31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. THE SAAGNY FOUNDATION, INC. 188 BROADWAY WOODCLIFF LAKE, NJ 07677	D Employer identification number 11-3306978
		E Telephone number 201-505-9550
		F Group Exemption Number
		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ WWW.SAAGNY.ORG/FOUNDATION.HTML

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

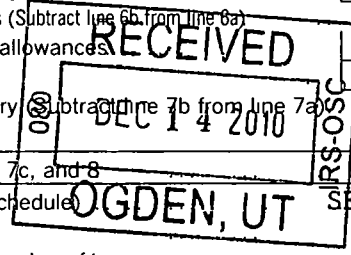
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 56,022.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	3,284.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	9,551.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	43,187.
6b Less: direct expenses other than fundraising expenses	6b	35,854.	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,333.	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	20,168.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	8,398.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	550.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	13,903.
	17 Total expenses. Add lines 10 through 16	17	23,351.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,183.
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	194,965.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	191,782.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	188,220.	22 align="right">193,570.
23 Land and buildings		23
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	8,505.	24 align="right">1,427.
25 Total assets	196,725.	25 align="right">194,997.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	1,760.	26 align="right">3,215.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,965.	27 align="right">191,782.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

4

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 5		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	THE ORGANIZATION PAID OUT SCHOLARSHIPS TO 9 INDIVIDUALS AND SUPPORT PROGRAMS		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	15,152.
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	15,152.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(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 and other allowances
BEVERLY POITAS 100 PROSPECT AVE HACKENSACK, NJ 07601	TRUSTEE 1.00	0.	0.	0.
MARK CHARBONNEAU 1 PERRY ROAD ANNANDALE, NJ 08801	SECRETARY 5.00	0.	0.	0.
BOB SWEENY 59 ROCKLEDGE PLACE CEDAR GROVE, NJ 07009	TREASURER 5.00	0.	0.	0.
ELLEN BERNSTEIN 15 PARKSIDE CT POMONA, NY 10970	CHAIRMAN 5.00	0.	0.	0.
NATASHA JINKS 15 GILPIN AVE HAUPPAUGE, NY 11788	TRUSTEE 1.00	0.	0.	0.
CAROL WALKNER 1621 JACKSON ST POINT PLEASANT, NJ 08742	VICE CHAIR 5.00	0.	0.	0.
EILEEN D LYNCH 8 MAPLEWOOD AVE MAPLEWOOD, NJ 07040	VICE CHAIR 1.00	0.	0.	0.
MIKE SCHENKER, MAS 27 ORIOLE TERRACE NEWTON, NJ 07860	SECRETARY 5.00	0.	0.	0.
PAUL SPRUNK PO BOX 124 HOHOKUS, NJ 10801	TRUSTEE 5.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 6

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	39 Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ NY		

42a The organization's books are in care of ▶ BARBARA LYONS, EXEC. DIR. Telephone no ▶ 201-505-9550
 Located at ▶ 188 BROADWAY WOODCLIFF LAKE NJ ZIP + 4 ▶ 07677

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Ellen Bernstein* Date: *12/1/10*

Type or print name and title: *Ellen Bernstein, Chair*

Paid Preparer's Use Only

Preparer's signature: *Donalee R. Berard* Date: *11-19-10* Check if self-employed: Preparer's Identifying Number (See instructions): *P00106728*

Firm's name (or yours if self-employed), address, and ZIP + 4: *BERARD & DONAHUE CPA'S PC*
44 PARK AVE
SUFFERN, NY 10901

EIN: *13-3774222*
 Phone no: *(845) 357-5668*

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	31,625.	12,646.	14,244.	14,662.	43,187.	116,364.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	31,625.	12,646.	14,244.	14,662.	43,187.	116,364.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						116,364.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	31,625.	12,646.	14,244.	14,662.	43,187.	116,364.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,283.	7,835.	7,057.	2,436.	9,551.	32,162.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						148,526.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	78.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.8 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	GOLF OUTING (event type)	EAST GOLF OUTI (event type)	1 (total number)	(Add col (a) through col (c))		
1	Gross receipts	22,504.	9,838.	5,807.	38,149.	
2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	22,504.	9,838.	5,807.	38,149.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	21,755.	7,254.	1,793.	30,802.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				30,802.
11	Net income summary. Combine lines 3, column (d) and line 10				7,347.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col (a) through col (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a _____ %

b An outside facility

13b _____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

THE SAAGNY FOUNDATION, INC.

11-3306978

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	MINUTEMAN PRESS OF NORTHVALE		
DONEE'S ADDRESS:	C/O SAAGNY FDN MONTVALE, NJ 07645		
RELATIONSHIP OF DONEE:	N/A		
CASH AMOUNT GIVEN:		\$	28.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	SOUNDLINE		
DONEE'S ADDRESS:	C/O SAAGNY FDN MONTVALE, NJ 07645		
RELATIONSHIP OF DONEE:	N/A		
CASH AMOUNT GIVEN:		\$	370.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	JOANNA STACK		
DONEE'S ADDRESS:	506 BOSTON BLVD SEA GIRT, NJ 08750		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	CASEY FOGLA		
DONEE'S ADDRESS:	4816 DANIELS ROAD EIRE, PA 16510		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	TAYLOR MCMILLAN		
DONEE'S ADDRESS:	2201 KENT DRIVE CAPE GIRARDEAU, MO 63701		
RELATIONSHIP OF DONEE:	N/A		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	ELINOR S. BLOOM		
DONEE'S ADDRESS:	8990 HUNTINGTON POINTE DRIVE SARASOTA , FL 34238		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	BENJAMIN T DORSCHIED		
DONEE'S ADDRESS:	112 S RINGOLD ST JANESVILLE, WI 53545		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.

THE SAAGNY FOUNDATION, INC.

11-3306978

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	LAUREN SILVERMAN		
DONEE'S ADDRESS:	72 DALY ROAD E. NORTHPORT, NY 11731		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	MORGAN DUHE		
DONEE'S ADDRESS:	15 PHEASANT DRIVE LONG VALLEY, NJ 07853		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATION/YOUTH		
DONEE'S NAME:	MICHAEL D. WHITNEY		
DONEE'S ADDRESS:	1003 HALFMOON DRIVE CASTLE ROCK, CO 80104		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE & OTHER	\$	5,501.
BANK FEE		861.
COMMITTEE MEETINGS		707.
CONTRIBUTIONS		1,500.
PROGRAM IMPLEMENTATION		5,254.
TAXES		80.
TOTAL	\$	<u>13,903.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 4,163.	\$ 732.
PREPAID EXPENSES AND DEFERRED CHARGES	4,342.	695.
TOTAL	\$ <u>8,505.</u>	\$ <u>1,427.</u>

THE SAAGNY FOUNDATION, INC.

11-3306978

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,240.	\$ 3,215.
DEFERRED REVENUE	520.	0.
TOTAL	\$ <u>1,760.</u>	\$ <u>3,215.</u>

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SAAGNY FOUNDATION, INC. WAS FORMED TO FUND EDUCATIONAL PROGRAMS AND SERVICES FOR THE SPECIALTY ADVERTISING AND PROMOTIONAL PRODUCTS INDUSTRY, EDUCATORS, BUSINESS, GOVERNMENT AND THE GENERAL PUBLIC; TO FUND EDUCATIONAL PROGRAMS AND SERVICES FOR THE SPECIALTY ADVERTISING AND PROMOTIONAL PRODUCTS INDUSTRY, THE FOUNDATION RECEIVES THE MAJORITY OF ITS REVENUE FROM CONTRIBUTIONS AND FUND RAISING ACTIVITIES.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO