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

2012

Open to public inspection

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

For calendar year 2012 or tax year beginning AUG 1, 2012, and ending JUL 31, 2013

Name of foundation
**THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
C/O ROBERT SAGER, 151 TREMONT STREET

City or town, state, and ZIP code
BOSTON, MA 02111

A Employer identification number
04-3528688

B Telephone number
617-542-4091

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☒ Address change ☐ Name change

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ 1,421,328. (Part I, column (d) must be on cash basis.)

J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____

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)
Revenue	1 Contributions, gifts, grants, etc., received	1,150,000.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	96.	96.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	14,075.			STATEMENT 2
b Less Cost of goods sold	473,835.				
c Gross profit or (loss)	<459,760.>		<459,760.>		
11 Other income					
12 Total. Add lines 1 through 11	690,336.	96.	<459,760.>		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	123,127.	0.	0.	123,127.
	14 Other employee salaries and wages	21,500.	0.	0.	21,500.
	15 Pension plans, employee benefits	96.	0.	0.	96.
	16a Legal fees STMT 3	16,780.	0.	0.	16,780.
	b Accounting fees STMT 4	51,609.	0.	0.	51,609.
	c Other professional fees STMT 5	30,150.	0.	0.	30,150.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	1,522.	0.	1,522.	
	20 Occupancy	6,190.	0.	0.	6,190.
	21 Travel, conferences, and meetings	36,632.	0.	0.	36,632.
	22 Printing and publications	14,003.	0.	0.	14,003.
	23 Other expenses STMT 6	347,102.	0.	0.	347,102.
	24 Total operating and administrative expenses. Add lines 13 through 23	648,711.	0.	1,522.	647,189.
	25 Contributions, gifts, grants paid	127,850.			127,850.
	26 Total expenses and disbursements. Add lines 24 and 25	776,561.	0.	1,522.	775,039.
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	<86,225.>				
b Net investment income (if negative, enter -0-)		96.			
c Adjusted net income (if negative, enter -0-)			0.		

**THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.**

04-3528688

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		177,426.	225,415.	225,415.
	2	Savings and temporary cash investments				
	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 ▶				
	8	Inventories for sale or use		707,217.	574,397.	574,397.
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations				
		b Investments - corporate stock				
		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 ▶	7,609.		6,087.	4,565.	4,565.
	Less: accumulated depreciation STMT 7 ▶	3,044.				
15	Other assets (describe ▶ STATEMENT 8)		616,823.	616,951.	616,951.	
16	Total assets (to be completed by all filers)		1,507,553.	1,421,328.	1,421,328.	
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"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	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		1,507,553.	1,421,328.		
30	Total net assets or fund balances		1,507,553.	1,421,328.		
31	Total liabilities and net assets/fund balances		1,507,553.	1,421,328.		

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	1,507,553.
2	Enter amount from Part I, line 27a	2	<86,225.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	1,421,328.
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	1,421,328.

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				
b	NONE			
c				
d				
e				

(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			
b			
c			
d			
e			

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) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

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 }

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

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 the 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))
2011	616,178.	133,294.	4.622699
2010	797,332.	75,954.	10.497564
2009	2,054,814.	169,439.	12.127161
2008	1,205,590.	483,795.	2.491944
2007	800,104.	596,695.	1.340893

2 Total of line 1, column (d)	2	31.080261
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	6.216052
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	198,400.
5 Multiply line 4 by line 3	5	1,233,265.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1.
7 Add lines 5 and 6	7	1,233,266.
8 Enter qualifying distributions from Part XII, line 4	8	775,039.

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.

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	2.
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			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	2.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	2.
6 Credits/Payments			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	433.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7		433.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		431.
11 Enter the amount of line 10 to be Credited to 2013 estimated tax	11	431.	0.

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
b 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 \$ 0. (2) On foundation managers \$ 0.		
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? 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) MA		
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 2012 or the taxable year beginning in 2012 (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

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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)	11		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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.TEAMSAGER.ORG	13	X	
14	The books are in care of ► MICHAEL BYRNE Telephone no ► 617-948-9449 Located at ► 151 TREMONT STREET, BOSTON, MA ZIP+4 ► 02111			
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 2012, 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 ► <input type="checkbox"/>	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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 ►		
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 2012 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 2012) 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 2012?	4b	X

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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)?

Organizations relying on a current notice regarding disaster assistance check here

☒

5b

X

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?

SEE STATEMENT 10

☒ 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?

If "Yes" to 6b, file Form 8870

6b

X

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

7b

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
SEE STATEMENT 9		150,627.	0.	0.

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

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Part VIII 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."

[illegible]

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		
	SEE STATEMENT 11	647,189.
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.

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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	0.
b	Average of monthly cash balances	1b	201,421.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	201,421.
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	201,421.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,021.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	198,400.
6	Minimum investment return. Enter 5% of line 5	6	9,920.

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	9,920.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	2.
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,918.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,918.
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	9,918.

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	775,039.
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	775,039.
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	775,039.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				9,918.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007	770,281.			
b From 2008	1,181,468.			
c From 2009	2,054,817.			
d From 2010	793,534.			
e From 2011	609,514.			
f Total of lines 3a through e	5,409,614.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 775,039.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				9,918.
e Remaining amount distributed out of corpus	765,121.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,174,735.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	770,281.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	5,404,454.			
10 Analysis of line 9				
a Excess from 2008	1,181,468.			
b Excess from 2009	2,054,817.			
c Excess from 2010	793,534.			
d Excess from 2011	609,514.			
e Excess from 2012	765,121.			

N/A

☐ 4942(I)(3) or ☐ 4942(I)(5)

[illegible]

2012.05090 THE SAGER FAMILY TRAVELING P00290.1

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future 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 recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE	501(C)(3)	GENERAL SUPPORT	5,000.
BOSTON PHILHARMONIC YOUTH ORCHESTRA 295 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	501(C)(3)	GENERAL SUPPORT	5,000.
CLINTON FOUNDATION 1200 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR 72201	NONE	501(C)(3)	GENERAL SUPPORT	10,000.
FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108	NONE	501(C)(3)	GENERAL SUPPORT	50,000.
LENNY ZAKIM FUND 33 ARCH STREET BOSTON, MA 02110	NONE	501(C)(3)	GENERAL SUPPORT	25,000.
Total	SEE CONTINUATION SHEET(S)			127,850.
b Approved for future payment				
NONE				
Total				0.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

Employer identification number

04-3528688

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 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**

- ☒ 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, total 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 total 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 Part I, 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) (2012)

Name of organization

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

Employer identification number

04-3528688

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT C. & ELAINE H. SAGER 151 TREMONT STREET, #21P BOSTON, MA 02111	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	THE DALAI LAMA CENTER FOR ETHICS & TRANSFORMATIVE VALUES AT MIT MASSACHUSETTS INSTITUTE OF TECHNOLOGY (W11-004), 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

Employer identification number

04-3528688

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

Employer identification number

04-3528688

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

04-3528688

3 Grants and Contributions Paid During the Year (Continuation)

223631
05-01-12

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
BANK INTEREST	96.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	96.

FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	14,075	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		14,075
4. COST OF GOODS SOLD (LINE 15)	473,835	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<459,760>
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		<459,760>

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR	718,547	
9. MERCHANDISE PURCHASED	329,685	
10. COST OF LABOR		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS		
13. ADD LINES 8 THROUGH 12		1,048,232
14. INVENTORY AT END OF YEAR	574,397	
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		473,835

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	16,780.	0.	0.	16,780.
TO FM 990-PF, PG 1, LN 16A	16,780.	0.	0.	16,780.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	51,609.	0.	0.	51,609.
TO FORM 990-PF, PG 1, LN 16B	51,609.	0.	0.	51,609.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PRESIDENTS ACTION NETWORK	1,075.	0.	0.	1,075.
SAGER GANZA SERVICES				
CONTRACTORS	28,000.	0.	0.	28,000.
PEACE ACTION NETWORK				
CONTRACTORS	1,075.	0.	0.	1,075.
TO FORM 990-PF, PG 1, LN 16C	30,150.	0.	0.	30,150.

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSES	3,420.	0.	0.	3,420.	
PROGRAM EXPENSES	147,717.	0.	0.	147,717.	
INSURANCE	9,428.	0.	0.	9,428.	
MEMBERSHIP DUES	3,795.	0.	0.	3,795.	
OFFICE EXPENSES	15,248.	0.	0.	15,248.	
PAYROLL FEES	1,722.	0.	0.	1,722.	
PROMOTION AND MARKETING	103,851.	0.	0.	103,851.	
SHIPPING	5,979.	0.	0.	5,979.	
TECHNOLOGY	17,612.	0.	0.	17,612.	
PHOTO/VIDEO ARCHIVE	10,708.	0.	0.	10,708.	
PAYROLL TAXES	8,830.	0.	0.	8,830.	
COMMUNICATIONS	17,885.	0.	0.	17,885.	
MISCELLANEOUS	907.	0.	0.	907.	
TO FORM 990-PF, PG 1, LN 23	347,102.	0.	0.	347,102.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
EQUIPMENT	7,609.	3,044.	4,565.	
TOTAL TO FM 990-PF, PART II, LN 14	7,609.	3,044.	4,565.	

FORM 990-PF	OTHER ASSETS		STATEMENT	8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
BOSTON GARDEN FLOOR	331,100.	331,100.	331,100.	
SAGER GANZA MICROFINANCE	228,600.	228,600.	228,600.	
DESIGN COSTS	57,123.	57,251.	57,251.	
TO FORM 990-PF, PART II, LINE 15	616,823.	616,951.	616,951.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT C. SAGER 151 TREMONT STREET BOSTON, MA 02111	PRESIDENT 10.00	0.	0.	0.
ELAINE SAGER 151 TREMONT STREET BOSTON, MA 02111	VICE PRESIDENT 10.00	0.	0.	0.
BRIAN D. FERULLO 151 TREMONT STREET BOSTON, MA 02111	SECY/TREAS (8/12-10/12) 10.00	27,500.	0.	0.
MICHAEL BYRNE 151 TREMONT STREET BOSTON, MA 02111	SECY/TREAS (AS OF 10/12) 10.00	0.	0.	0.
KENNETH TSUNODA 151 TREMONT STREET BOSTON, MA 02111	EXECUTIVE DIRECTOR 40.00	123,127.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		150,627.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 10

GRANTEE'S NAME

LIBRARY OF TIBETAN WORKS AND ARCHIVES

GRANTEE'S ADDRESS

DHARAMSALA 176215
DHARAMSALA, INDIA

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED	VERIFICATION DATE
20,600.	08/02/12	20,600.	08/02/12

PURPOSE OF GRANT

TO SUPPORT THE LIBRARY OF TIBETAN WORKS AND ARCHIVES IN ITS MISSION TO PRESERVE AND DISSEMINATE THE TIBETAN CULTURE, AS IT SERVES AS A CENTER FOR CULTURAL EDUCATION AND LANGUAGE, AND AS A REPOSITORY FOR TIBETAN MANUSCRIPTS AND ARTIFACTS.

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED

RESULTS OF VERIFICATION

THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS FROM THE RECIPIENT; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORTS WAS MADE.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 11
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ACTIVITY ONE

THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW'S MISSION IS TO EMPOWER LEADERS IN AREAS OF CONFLICT AND IN DIRE CIRCUMSTANCES IN ORDER TO HAVE THE MAXIMUM IMPACT ON THE PEOPLE IN THOSE AREAS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

647,189.

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT 12
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NAME OF MANAGER

ROBERT C. SAGER
ELAINE SAGER

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	07/31/11	SL	5.00		16	7,609.				7,609.	1,522.		1,522.	3,044.
	* TOTAL 990-PF PG 1 DEPR						7,609.				7,609.	1,522.		1,522.	3,044.

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Office Use Only. Fiscal Year

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 08/01/12 to 07/31/13

Attorney General's Account #: 043500

Federal ID #: 04-3528688

When did the organization first engage in
charitable work in Massachusetts?

08/23/2000

Has the organization applied for or been granted
IRS tax exempt status?

☒ Yes ☐ No

If yes, date of application **OR** date of
determination letter:

06/05/2001

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the
organization tax deductible as charitable contributions?

☒ Yes ☐ No

**Check all items attached
(if applicable)**

- ☐ Schedule A-1
☐ Schedule A-2
☐ Schedule RO
☐ Probate Account
☒ Copy of IRS Return
☐ Audited Financial
Statements/Review
☒ Filing Fee
☐ Amended Articles/
By-Laws

Organization Data

Name: THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.

Mailing Address: C/O ROBERT SAGER, 151 TREMONT STREET

City: BOSTON State: MA ZIP: 02111

Phone Number: 617-542-4091 Fax Number: _____

Email: BOBBY@TEAMSAGER.ORG Website: WWW.TEAMSAGER.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	60
Type of Organization (Table 2)	20	Organization Purpose Code 2	8

Please check box if final return prior to dissolution: ☐

Office Use Only Payment Received

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

04-3528688

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance

1 On what date was the organization created? 08/23/2000

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe) _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5 Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,150,000.
B.	Gross support and revenue	690,336.
C.	Program services and similar amounts paid out	127,850.
D.	Fundraising expenses	0.
E.	Management and general expenses	0.
F.	Payments to affiliates	0.
G.	Total expenses	776,561.
H.	Net assets or fund balances at the end of the year	1,421,328.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	KENNETH TSUNODA EXECUTIVE DIRECTOR	40.00	123,127.	0.	0.
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet) ☐ Yes ☒ No

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

04-3528688

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	KAHN, LITWIN, RENZA & CO., LTD	23,293.	ACCOUNTING SERVICES
2.	MINTZ LEVIN	7,332.	CONSULTING SERVICES
3.	BRIAN FERRULLO	27,500.	CONSULTING SERVICES
4.			
5.			

- 9 Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
CITIZENS BANK OF MA	28 STATE STREET BOSTON, MA 02109	800-862-6200

10. What is the organization's accounting method? ☒ Cash ☐ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ROBERT SAGER

Street Address: 151 TREMONT STREET

City: BOSTON State: MA ZIP Code: 02111

Phone Number: 617-542-4091

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

04-3528688

- 13 During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☐ Yes ☒ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☐ Yes ☒ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds, fundraising; and custody of financial records.

STATEMENT 2

- 19 Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	1
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NAME AND ADDRESS

TITLE

ROBERT C. SAGER
151 TREMONT STREET
BOSTON, MA 02111

PRESIDENT

NAME AND ADDRESS

TITLE

ELAINE SAGER
151 TREMONT STREET
BOSTON, MA 02111

VICE PRESIDENT

NAME AND ADDRESS

TITLE

BRIAN D. FERULLO
151 TREMONT STREET
BOSTON, MA 02111

SECY/TREAS (8/12-10/12)

NAME AND ADDRESS

TITLE

KENNETH TSUNODA
151 TREMONT STREET
BOSTON, MA 02111

EXECUTIVE DIRECTOR

NAME AND ADDRESS

TITLE

MICHAEL BYRNE
151 TREMONT STREET
BOSTON, MA 02111

SECY/TREAS (AS OF 10/12)

FORM PC

PAGE 4 LINE 18

STATEMENT 2

NAME

AREA OF RESPONSIBILITY

ROBERT C. SAGER

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

NAME

AREA OF RESPONSIBILITY

ELAINE SAGER

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

NAME

AREA OF RESPONSIBILITY

MICHAEL BYRNE

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

NAME

AREA OF RESPONSIBILITY

KENNETH TSUNODA

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

NAME

AREA OF RESPONSIBILITY

ROBERT C. SAGER

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

NAME

AREA OF RESPONSIBILITY

ELAINE SAGER

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

151 TREMONT STREET BOSTON, MA 02111

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
MICHAEL BYRNE	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
KENNETH TSUNODA	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
ROBERT C. SAGER	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
ELAINE SAGER	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
MICHAEL BYRNE	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
KENNETH TSUNODA	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
MICHAEL BYRNE	CUSTODY OF FINANCIAL RECORDS
<u>ADDRESS</u>	
151 TREMONT STREET BOSTON, MA 02111	

20. Has this organization or any of its officers, directors, or employees

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating
or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended,
modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government
agency or in a case before a court or administrative agency?

☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*) Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described
in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing
such an agreement?

☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name ROBERT C. SAGER

Title: PRESIDENT

Name of Preparer: KAHN, LITWIN, RENZA & CO., LTD.

Address 951 NORTH MAIN STREET

City PROVIDENCE State RI ZIP Code 02904

Phone Number 401-274-2001

MA Atty General # 043500

• 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.	Employer identification number (EIN) or 04-3528688
	Number, street, and room or suite no. If a P.O. box, see instructions. 151 TREMONT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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.

KEN TSUNODA

• The books are in the care of **151 TREMONT STREET - BOSTON, MA 02111**

Telephone No. **617-542-4091**

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.

4 I request an additional 3-month extension of time until **JUNE 15, 2014**

5 For calendar year ☐, or other tax year beginning **AUG 1, 2012**, and ending **JUL 31, 2013**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME AND INFORMATION ARE NECESSARY IN ORDER TO PREPARE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	433.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 **Leborah Hopkins** Title **CPA**

Date **3/10/14**

MA Atty General # 043500
**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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 ☒ **X**
- 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 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. THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.	Employer identification number (EIN) or 04-3528688
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. 151 TREMONT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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

KEN TSUNODA

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Telephone No. **617-542-4091**

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 **MARCH 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

☐ calendar year ☐ or

☒ tax year beginning **AUG 1, 2012**, and ending **JUL 31, 2013**

- 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	\$	433.
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. 1-2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.	Employer identification number (EIN) or 04-3528688
	Number, street, and room or suite no. If a P.O. box, see instructions. 151 TREMONT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
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1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MARCH 15, 2014**, to file the exempt organization return for the organization named above. The extension

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Form 8868 (Rev. 1-2013)

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	THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.		Employer identification number (EIN) or 04-3528688	
	Number, street, and room or suite no. If a P.O. box, see instructions.		Social security number (SSN)	
	151 TREMONT STREET			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
BOSTON, MA 02111				

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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 *Seborah C. Hyslop* Title *CPA* Date *3/10/14*

Form 8868 (Rev. 1-2013)