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EXTENDED TO JUNE 15, 2017

Return of Private Foundation

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

OMB No 1545-0052

Form 990-PF.

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

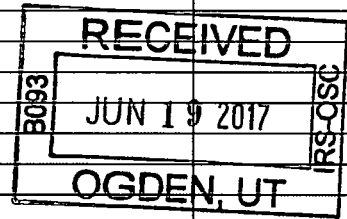
2015

Open to Public Inspection

For calendar year 2015 or tax year beginning AUG 1, 2015, and ending JUL 31, 2016

Name of foundation THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.		A Employer identification number 04-3528688
Number and street (or P O box number if mail is not delivered to street address) 151 TREMONT ST.	Room/suite 21K	B Telephone number 617-542-4091
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111		C If exemption application is pending check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 978,251.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		427,500.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
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					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		1,686.	0.	0.	STATEMENT 1
12 Total Add lines 1 through 11		429,186.	0.	0.	
13 Compensation of officers directors trustees etc		16,124.	0.	0.	6,925.
14 Other employee salaries and wages		21,840.	0.	0.	21,840.
15 Pension plans, employee benefits					
16a Legal fees STMT 2		6,372.	0.	0.	6,372.
b Accounting fees					
c Other professional fees STMT 3		10,863.	0.	0.	10,863.
17 Interest					
18 Taxes STMT 4		754.	0.	0.	0.
19 Depreciation and depletion		1,521.	0.	0.	
20 Occupancy					
21 Travel, conferences, and meetings		814.	0.	0.	814.
22 Printing and publications					
23 Other expenses STMT 5		106,618.	1,174.	0.	105,443.
24 Total operating and administrative expenses Add lines 13 through 23		164,906.	1,174.	0.	152,257.
25 Contributions, gifts, grants paid		386,468.			386,468.
26 Total expenses and disbursements Add lines 24 and 25		551,374.	1,174.	0.	538,725.
27 Subtract line 26 from line 12.		-122,188.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			0.		
c Adjusted net income (if negative, enter -0-)				0.	

SCANNED JUN 21 2017
Operating and Administrative Expenses

9-27

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	187,451.	40,062.	40,062.
	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	122,887.	149,609.	295,615.
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	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.		
Less accumulated depreciation ▶		7,609.		
15 Other assets (describe ▶ STATEMENT 7)		642,574.	642,574.	642,574.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		954,433.	832,245.	978,251.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	954,433.	832,245.	
30 Total net assets or fund balances	954,433.	832,245.		
31 Total liabilities and net assets/fund balances	954,433.	832,245.		

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	954,433.
2 Enter amount from Part I, line 27a	2	-122,188.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	832,245.
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	832,245.

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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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	

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))
2014	905,823.	200,513.	4.517528
2013	783,507.	174,303.	4.495086
2012	775,039.	198,400.	3.906447
2011	616,178.	133,294.	4.622699
2010	797,332.	75,954.	10.497564

2 Total of line 1, column (d)	2	28.039324
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	5.607865
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	68,291.
5 Multiply line 4 by line 3	5	382,967.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	382,967.
8 Enter qualifying distributions from Part XII, line 4	8	545,966.

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

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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)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
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	0.
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	0.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
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		0.
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		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be. Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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
1c 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
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 ► <u>WWW.TEAMSAGER.ORG</u>	13	X
14 The books are in care of ► <u>MICHAEL BYRNE</u> Telephone no. ► <u>617-948-9449</u> Located at ► <u>151 TREMONT STREET, STE. 21K, BOSTON, MA</u> ZIP+4 ► <u>02111</u>		
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 2015, 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 FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	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 checked="" type="checkbox"/> Yes <input 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 ► <input type="checkbox"/>	1b	X
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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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 c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► _____	2b	
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 2015 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 2015) 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 2015?	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 4945(d)(4)(A)? (see instructions)

☒ 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

☐

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 9

☒ 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

☐ Yes ☒ No

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

5b

X

6b

X

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 8		16,124.	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 VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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

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

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

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SCIENCE FOR MONKS - PROVIDE SCIENTIFIC EDUCATION TO TIBETAN MONKS & ENCOURAGE WORLDWIDE COOPERATION THROUGH THE TRANSFER OF SCIENTIFIC KNOWLEDGE THROUGH SEMINARS AND LECTURES.	238,307.
2 SEE STATEMENT 10	15,693.
3 BOOKS - PUBLISH PHOTOGRAPHY BOOKS THAT TELL INSPIRATIONAL STORIES. THESE BOOKS FURTHER THE FOUNDATION'S MISSION BY INSPIRING PEOPLE TO GET INVOLVED IN THE FOUNDATION'S CAUSES.	14,935.
4 SAGER GANZA MICROFINANCE - TO DISTRIBUTE LOANS IN ORDER TO PROVIDE ECONOMIC OPPORTUNITIES FOR THE RECIPIENTS AND ENHANCED ECONOMIC ACTIVITY FOR THE RWANDAN COMMUNITY.	9,779.

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 YPO ACTION NET - DEVELOP BETTER LEADERS THROUGH EDUCATION & IDEA EXCHANGE. LEVERAGE ENTREPRENEURIAL SKILLS & CONTACTS WITHIN THE YPO IN ORDER TO FURTHER CHARITABLE INITIATIVES.	5,837.
2 SEE STATEMENT 11	1,404.
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	7,241.

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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	69,331.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	69,331.
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	69,331.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,040.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,291.
6	Minimum investment return. Enter 5% of line 5	6	3,415.

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	3,415.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	
b	Income tax for 2015 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,415.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,415.
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	3,415.

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	538,725.
b	Program-related investments - total from Part IX-B	1b	7,241.
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	545,966.
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	545,966.

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.

Form 990-PF (2015)

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

Form 990-PF (2015)

04-3528688

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,415.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010	793,534.			
b From 2011	609,514.			
c From 2012	765,121.			
d From 2013	757,238.			
e From 2014	895,797.			
f Total of lines 3a through e	3,821,204.			
4 Qualifying distributions for 2015 from Part XII, line 4: \$	545,966.			
a Applied to 2014, 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 2015 distributable amount				3,415.
e Remaining amount distributed out of corpus	542,551.			
5 Excess distributions carryover applied to 2015 (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	4,363,755.			
a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5				
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 2014: Subtract line 4a from line 2a. Taxable amount - see instructions			0.	
f Undistributed income for 2015: Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	793,534.			
9 Excess distributions carryover to 2016: Subtract lines 7 and 8 from line 6a	3,570,221.			
10 Analysis of line 9				
a Excess from 2011	609,514.			
b Excess from 2012	765,121.			
c Excess from 2013	757,238.			
d Excess from 2014	895,797.			
e Excess from 2015	542,551.			

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N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income

[illegible]

1 Information Regarding Foundation Managers:

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

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

NONE

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

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

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

- c Any submission deadlines:

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

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

Form 990-PF (2015)

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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				
ALS ONE INC. 8 INDUSTRIAL WAY WHITMAN, MA 02382		PC	GENERAL & UNRESTRICTED	1,800.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET, 29TH FL. NEW YORK, NY 10005		PC	GENERAL & UNRESTRICTED	1,800.
BRANDEIS UNIVERSITY 415 SOUTH ST. WALTHAM, MA 02453		PC	GENERAL & UNRESTRICTED	5,000.
DANA FARBER/JIMMY FUND 450 BROOKLINE AVE BOSTON, MA 02215		PC	GENERAL & UNRESTRICTED	7,818.
FRIEZE FUND AT CHILDRENS HOSPITAL C/O GBG LLC 800 BOYLSTON ST., 27TH FL. BOSTON, MA 02199		PC	GENERAL & UNRESTRICTED	5,000.
Total	SEE CONTINUATION SHEET(S)			386,468.
b Approved for future payment				
NONE				
Total				0.

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations)

523621 11-24-15

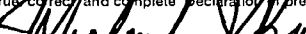
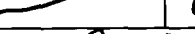
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

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

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee 	Date 6/13/17	Title TREASURER			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LYNNE JOHNSON			6/12/17		P00757336
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 80 CITY SQUARE BOSTON, MA 02129-3742				Phone no 617-912-9000	

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization THE SAGER FAMILY TRAVELING FOUNDATION AND ROAD SHOW, INC.	Employer identification number 04-3528688
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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 AND ELAINE SAGER 151 TREMONT STREET, SUITE 21P BOSTON, MA 02111	\$ 427,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

04-3528688

(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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info 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

THE SAGER FAMILY TRAVELING FOUNDATION
AND ROAD SHOW, INC.

04-3528688

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HUMAN RIGHTS FIRST 75 BROAD ST., 31ST FL. NEW YORK, NY 10004		PC	GENERAL & UNRESTRICTED	500.
JEWISH COMMUNITY CENTERS 333 NAHANTON ST. NEWTON, MA 02459		PC	GENERAL & UNRESTRICTED	20,000.
LENNY ZAKIM FUND C/O DLA PIPER, 33 ARCH ST., 26TH FL. BOSTON, MA 02110		PC	GENERAL & UNRESTRICTED	125,000.
LIBRARY OF TIBETAN WORKS AND ARCHIVES GANGCHEN KYISHONG DHARAMSHALA, HIMACHAL PRADESH, INDIA 176215		NC	SCIENCE FOR MONKS PROJECT	80,000.
MALDEN HIGH SCHOOL ALUMNI ASSOCIATION P.O. BOX 47 MALDEN, MA 02148		PC	GENERAL & UNRESTRICTED	2,150.
MASS GENERAL HOSPITAL 100 CAMBRIDGE ST. BOSTON, MA 02114		PC	GENERAL & UNRESTRICTED	20,000.
SCIENCE FOR MONKS 968 LAWRENCE LANE PALO ALTO, CA 94303		PC	GENERAL & UNRESTRICTED	85,000.
SPECIAL OLYMPICS 1133 19TH ST. NW WASHINGTON, DC 20036-3604		PC	GENERAL & UNRESTRICTED	100.
SYNERGOS INSTITUTE 3 EAST 54TH ST. NEW YORK, NY 10022		PC	GENERAL & UNRESTRICTED	25,000.
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		PC	GENERAL & UNRESTRICTED	5,000.
Total from continuation sheets				365,050.

04-3528688

3 Grants and Contributions Paid During the Year (Continuation)

523631
04-01-15

FORM 990-PF	OTHER INCOME	STATEMENT	1
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	1,686.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,686.	0.	

FORM 990-PF	LEGAL FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	6,372.	0.	0.	6,372.
TO FM 990-PF, PG 1, LN 16A	6,372.	0.	0.	6,372.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	10,863.	0.	0.	10,863.
TO FORM 990-PF, PG 1, LN 16C	10,863.	0.	0.	10,863.

FORM 990-PF	TAXES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX EXPENSE	754.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	754.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	1,175.	1,174.	0.	0.
FILING FEES	265.	0.	0.	265.
FOUNDATION ADMINISTRATIVE EXPENSES	4,583.	0.	0.	4,583.
INSURANCE	242.	0.	0.	242.
TEACHING SERVICES	37,856.	0.	0.	37,856.
OTHER EXPENSES	5,153.	0.	0.	5,153.
MEMBERSHIP FEES/DUES	5,123.	0.	0.	5,123.
CREDIT CARD PROCESSING FEES	954.	0.	0.	954.
DIGITAL SERVICES	18,671.	0.	0.	18,671.
EMPLOYEE TRAVEL REIMBURSEMENT	8,830.	0.	0.	8,830.
STORAGE AND SHIPPING EXPENSES - HOPE BALLS	15,518.	0.	0.	15,518.
STORAGE AND SHIPPING EXPENSES - BOOKS	2,767.	0.	0.	2,767.
TRAINING	4,860.	0.	0.	4,860.
TELEPHONE	621.	0.	0.	621.
TO FORM 990-PF, PG 1, LN 23	106,618.	1,174.	0.	105,443.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	7,609.	7,609.	0.
TOTAL TO FM 990-PF, PART II, LN 14	7,609.	7,609.	0.

FORM 990-PF	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BOSTON GARDEN FLOOR	331,100.	331,100.	331,100.
SAGER DESIGN COSTS	57,251.	57,251.	57,251.
SAGER GANZA MICROFINANCE	254,223.	254,223.	254,223.
TO FORM 990-PF, PART II, LINE 15	642,574.	642,574.	642,574.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT C. SAGER 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	PRESIDENT/DIRECTOR 10.00	0.	0.	0.
MICHAEL BYRNE 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	TREASURER/SECRETARY/DIRECTOR 10.00	6,925.	0.	0.
ELAINE SAGER 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	VICE PRESIDENT/DIRECTOR 10.00	0.	0.	0.
TESS SAGER 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	DIRECTOR 10.00	8,275.	0.	0.
SHANE SAGER 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	DIRECTOR 10.00	924.	0.	0.
STEWART COHEN 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	DIRECTOR 10.00	0.	0.	0.
MITCHELL COHEN 151 TREMONT STREET, UNIT 21K BOSTON, MA 02111	DIRECTOR 10.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		16,124.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 9

GRANTEE'S NAME

LIBRARY OF TIBETAN WORKS AND ARCHIVES

GRANTEE'S ADDRESSDHARAMSALA
HIMACHAL PRADESH, INDIA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
80,000.	09/28/15	80,000.

PURPOSE OF GRANTTO PRESERVE AND DISSEMINATE THE TIBETAN CULTURE, AS IT SERVES AS A CENTER
FOR CULTURAL EDUCATION.DATES OF REPORTS BY GRANTEE

3/21/16

ANY DIVERSION BY GRANTEE

NO

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 10
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ACTIVITY TWO

HOPE BALLS - THE FOUNDATION PARTNERS WITH ORGANIZATIONS, SUCH AS GRASSROOT SOCCER, ESPERANCE AND CAROLINA FOR KIBERA, WHERE CHILDREN FROM RESOURCE-POOR AREAS PARTICIPATES IN PROGRAMS THAT USE SOCCER AS A PLATFORM FOR TEACHING LIFE SKILLS. THE CHILDREN WOULD EARN THEIR SOCCER BALLS (HOPE BALLS) BY TRADING IN THEIR OLD, BEATEN UP BALLS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

15,693.

FORM 990-PF	SUMMARY OF PROGRAM-RELATED INVESTMENTS	STATEMENT 11
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DESCRIPTION

HANDS UP NOT HAND OUTS - THE PROGRAM IS TO HELP WOMEN ARTISANS IN RWANDA TO EARN A BETTER INCOME BY TRAINING THEM TO PRODUCE ATTRACTIVE, HIGH-VALUE PRODUCTS THAT GET THEM A BETTER DAILY WAGE THAN THEY HAVE RECEIVED IN THE PAST MAKING TRADITIONAL PRODUCTS.

AMOUNT

TO FORM 990-PF, PART IX-B, LINE 2

1,404.

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

ROBERT C. SAGER
TESS SAGER
SHANE SAGER

The Sager Family Traveling Foundation and Road Show, Inc.
Taxable Year Ending: July 31, 2016
EIN: 04-3528688

Pursuant to IRC Regulation 53.4945-5(d)(2), The Sager Family Traveling Foundation and Road Show, Inc. provides the following information for its program related investment:

- (i) **PRI Recipient:** Sager Ganza Microfinance (fka Sager Women Organization Fund Trust)
 2nd Floor, JOC Building
 Nyabugogo, Kigali, Rwanda
- (ii) **Date and Amount of PRI:** 02/27/2008 \$125,000
 10/03/2008 \$103,600
 10/14/2014 \$25,623
- (iii) **Purpose of PRI:** To assist Sager Ganza Microfinance in providing microloans to poor women in Rwanda.
- (iv) & (vi) **Reports of Amounts Expended:** Sager Ganza Microfinance has submitted a full and complete financial report of the type ordinarily required by commercial investors under similar circumstances and a statement that it has complied with the terms of the investment for each of its fiscal years indicated below:

Date of Report:	For FYE:
03/30/2009	12/31/2008
03/31/2010	12/31/2009
03/31/2014	12/31/2013
03/31/2015	12/31/2014
03/31/2016	12/31/2015
03/31/2017	12/31/2016

Funds used by Sager Ganza Microfinance are expended as loans and recovered as loans are repaid. Amounts received as repayments are then loaned out again.

- (v) **Diversions:** To the knowledge of the grantor, no funds have been diverted to any activity other than the activity for which the investment was originally made.
- (vii) **Verification:** The grantor has no reason to doubt the accuracy or reliability of the report from the grantee, therefore, no independent verification of the report was made.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	07/31/11	SL	5.00	16	7,609.			7,609.	6,088.		1,521.
	* TOTAL 990-PF PG 1					7,609.		0.	7,609.	6,088.	0.	1,521.
	DEPR											