

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		CARING RESPONSE - MADAGASCAR FOUNDATION		31-1805595
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		1193 BALMORAL DRIVE		513-451-4678
City or town, state or country, and ZIP + 4		F Group Exemption Number		
CINCINNATI, OH 45233				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method Cash Accrual
Other (specify) _____

I Website: WWW.CARINGRESPONSE.ORG
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 152,487.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	152,343.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	144.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	152,487.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4 STMT 2	10	128,422.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,450.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,870.
	16	Other expenses (describe SEE STATEMENT 1)	16	1,721.
17	Total expenses. Add lines 10 through 16	17	134,463.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,024.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,825.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<8,334.>
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	65,515.

Part II Balance Sheets. If total assets on line 27, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,825.	65,515.
23 Land and buildings		
24 Other assets (describe _____)	0.	
25 Total assets	55,825.	65,515.
26 Total liabilities (describe _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,825.	65,515.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a	The books are in care of ▶ <u>VIRGINIA R. WILTSE</u> Telephone no ▶ <u>513-451-4678</u> Located at ▶ <u>1193 BALMORAL DR., CINCINNATI, OH</u> ZIP + 4 ▶ <u>45233</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: ▶ _____		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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

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

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

Sign Here: *Virginia R. Wiltse* Signature of officer Date: 7-30-09

VIRGINIA R WILTSE, DIRECTOR Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Paul Beyer, Jr. CPA* Date: 7/28/09 Check if self-employed: Preparer's Identifying Number (See Instr):

Firm's name (or yours if self-employed), address, and ZIP + 4: PAUL BEYER, JR., INC 6116 HARRISON AVE 2B CINCINNATI OH 45247

EIN: Phone no: (513)-598-1444

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,557.	78,241.	76,569.	106,257.	152,343.	488,967.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	75,557.	78,241.	76,569.	106,257.	152,343.	488,967.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,559.	10,359.	13,506.	23,348.	15,947.	70,719.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	7,559.	10,359.	13,506.	23,348.	15,947.	70,719.
8 Public support (Subtract line 7c from line 6)						418,248.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	75,557.	78,241.	76,569.	106,257.	152,343.	488,967.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98.	33.	93.	109.	144.	477.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	98.	33.	93.	109.	144.	477.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	463.	449.	102.	<250.>		764.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						490,208.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	85.32 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	84.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.10 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.15 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
WEB SITE FEES		300.	
BANK FEES AND CHARGES		120.	
OFFICE SUPPLIES		480.	
SECRETARIAL SERVICES		721.	
TRANSLATOR		100.	
UNREALIZED LOSS ON SECURITIES			
TOTAL TO FORM 990-EZ, LINE 16		1,721.	

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 2

AFFILIATE'S NAME

AFFILIATES ADDRESS

EDWIN JOSEPH FSG

ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA
MPF
TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT

AMOUNT

LITERACY PROGRAM, MICROCREDIT PROJECT, PRE-SCHOOL, MEDICAL
MISSION

36,825.

AFFILIATE'S NAME

AFFILIATES ADDRESS

EDWIN JOSEPH FSG

ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA
MPF
TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT

AMOUNT

EMERGENCY RELIEF AFTER CYCLONE

25,000.

AFFILIATE'S NAME

AFFILIATES ADDRESS

EDWIN JOSEPH FSG

ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA
MPF
TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT

AMOUNT

SANITATION PROJECT

60,000.

AFFILIATE'S NAME

AFFILIATES ADDRESS

EDWIN JOSEPH FSG

ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA
MPF
TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT

AMOUNT

SHIPPING COSTS FOR RELIEF SUPPLIES

1,257.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

123,082.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON PUBLICALLY TRADED SECURITIES	<8,334.>
TOTAL TO FORM 990-EZ, LINE 20	<8,334.>

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL MISSION TO MADAGASCAR BY THE HOLY SPIRIT PO BOX 58213 CINCINNATI, OH 45258	NONE	2,600.
ROTARY SANITATION PROJECT ROTARY FOR MADAGASCAR 18 BD FLANDRIN F 75116 PARIS FRANCE	NONE	2,000.
MEDICAL MISSION TO MADAGASCAR BY THE HOLY SPIRIT PO BOX 58213 CINCINNATI, OH 45258	NONE	740.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,340.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SANITATION PROJECT - THE ADVANCE OF OUR SANITEC (SANITATION TECHNOLOGY) PROJECT TOPS OUR LIST OF ACHIEVEMENTS FOR 2008. WE WERE ABLE TO ASSEMBLE THE FUNDING NECESSARY TO UNDERWRITE THE CONSTRUCTION OF A FULL SCALE PRODUCTION FACILITY FOR MANUFACTURING LATRINES AND WATER FILTERS FOR THE POOR. THIS FACILITY HAS THE POTENTIAL TO REVOLUTIONIZE SANITATION IN MADAGASCAR WHERE THE VAST MAJORITY OF THE POOR DO NOT HAVE ACCESS TO BASIC SANITATION OR CLEAN WATER. THIS APPALLING SITUATION IS RESPONSIBLE FOR A HIGH RATE OF WATERBORNE DISEASES, LOST SCHOOL DAYS FOR CHILDREN AND LOST PRODUCTIVITY FOR THE WORKING POOR. A TEAM OF ENGINEERS FROM INDIA HAS WORKED WITH US TO DEVELOP A PROCESS FOR MANUFACTURING CERAMIC SANITARY WARES USING LOCALLY AVAILABLE CLAYS. THIS BREAK THROUGH METHOD, ALREADY TESTED IN A PILOT PROGRAM, MEANS THAT LATRINES AND WATER FILTERS CAN BE PRODUCED IN TOAMASINA/TAMATAVE WITHOUT HAVING TO IMPORT COMPONENT PARTS FROM OUTSIDE THE COUNTRY. THIS MEANS A SAVINGS OF 70% FOR POOR PEOPLE TRYING TO PURCHASE BASIC FAMILY LATRINES. WE LOOK FORWARD TO SEEING CONSTRUCTION COMPLETED ON THE PLANT IN 2009.

MEDICAL SERVICES FOR THE POOR - CRMF AGAIN COLLABORATED WITH BY THE HOLY SPIRIT MEDICAL MISSION TEAM IN 2008 TO PROVIDE MEDICAL CLINIC SERVICES TO THE POOR IN URBAN AND RURAL TOAMASINA. THIS HIGHLY SUCCESSFUL VENTURE HAS PRODUCED AN AGREEMENT FOR ONGOING COLLABORATIVE WORK BETWEEN THE TWO ORGANIZATIONS. OUR 2008 VENTURE EMPHASIZED MATERNAL AND NEO-NATO CARE AND WE WILL BE WORKING IN THE FUTURE WITH LOCAL MEDICAL AUTHORITIES IN AN EFFORT TO PROVIDE ON GOING CLINIC SERVICES FOR MOTHERS AND BABIES AS WELL AS TRAINING FOR MALAGASY DOCTORS AND NURSE-MIDWIVES.

LITERACY - OUR LITERACY PROGRAM CONTINUES TO BE A MAJOR SOURCE OF INVESTMENT AND ACCOMPLISHMENT FOR US. DURING 2008, WE APPOINTED A NEW ADMINISTRATOR TO OVERSEE 15 LITERACY CENTERS AND TWO COMPUTER TRAINING CENTERS. THE LITERACY CENTERS ARE LOCATED IN THE URBAN SLUMS AND OUTLYING RURAL VILLAGES IN THE REGION OF TOAMASINA/TAMATAVE. THE CURRICULUM AT THESE CENTERS INCLUDES EMPHASIZES AND WRITING IN THE MALAGASY LANGUAGE AS WELL AS BASIC MATHEMATICS. THE READING COURSE TEACHES ESSENTIAL LESSONS IN SANITATION AND HYGIENE WHICH ARE TRANSMITTED TO STUDENTS VIA ELEMENTARY LEVEL READERS. OUR COMPUTER CENTERS ARE THE ONLY COMPUTER TRAINING SITES FOR THE POOR IN THE REGION. THE COMPUTER SKILLS THAT YOUNG ADULTS LEARN AT THESE CENTERS HELPS PREPARE THEM FOR THE WORKPLACE.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS	EXPENSES
CYCLONE RELIEF - IN FEBRUARY 2008, CYCLONE IVAN STRUCK PORTIONS OF TOAMASINA/TAMATAVE CAUSING WIDESPREAD DESTRUCTION AND HARDSHIP FOR THE POOR. WE WERE ABLE TO OBTAIN AN EMERGENCY RELIEF GRANT THAT ENABLED THE POOR TO REBUILD THEIR HOMES AND PURCHASE FOOD.	0.	25,000.
TOTAL TO FORM 990-EZ, LINE 31		25,000.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization CARING RESPONSE - MADAGASCAR FOUNDATION	Employer identification number 31-1805595
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. 1193 BALMORAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45233	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

VIRGINIA R. WILTSE

- The books are in the care of ▶ **1193 BALMORAL DR. - CINCINNATI, OH 45233**
 Telephone No. ▶ **513-451-4678** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2008** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year 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	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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 4-2009)