Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: CARING RESPONSE - MADAGASCAR FOUNDATION

Number and street (or P O box, if mail is not delivered to street address): 1193 BALMORAL DRIVE | Room/suite

City or town, state or country, and ZIP + 4: CINCINNATI, OH 45233

D Employer identification number: 31-1805595

E Telephone number: 513-451-4678

F Group Exemption Number ▶

G Accounting Method [X] Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ WWW.CARINGRESPONSE.ORG

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 161,553.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	144,628.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income SEE SCHEDULE O			4	32.
	5a	Gross amount from sale of assets other than inventory	5a	16,893.		
	b	Less cost or other basis and sales expenses	5b	17,165.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	<272.>
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	144,388.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O			10	113,160.
	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	1,080.
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	1,433.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O			16	1,008.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	116,681.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	27,707.
	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	32,844.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	60,551.

RECEIVED
1084 JUL 3 0 2012 IRS-OSC
OGDEN, UT

SCANNED AUG 0 2 2012

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2011)

132171
02-06-12

98

19

10470724 797020 260.990 2011.04000 CARING RESPONSE - MADAGASCA 260_9902

Part II **Balance Sheets.** (see the instructions for Part II.)

. Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	32,844.	22	60,551.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	32,844.	25	60,551.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	32,844.	27	60,551.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? EDUCATION AND SERVICES TO THE POOR.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28	SEE SCHEDULE O		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	40,650.
29	SEE SCHEDULE O		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	23,200.
30	SEE SCHEDULE O		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	45,310.
31	Other program services (describe in Schedule O) SEE SCHEDULE O		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	4,000.
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	113,160.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VIRGINIA R. WILTSE, 1193 BALMORAL DR CINCINNATI, OH 45233, CINCINNATI, OH	ADMINISTRATOR /VICE PRESID 25.00	0.	0.	0.
DAVID E. WILTSE, 3439 SOUTH WAKEFIELD ST, ARLINGTON, VA 22206	PRESIDENT 1.00	0.	0.	0.
THOMAS E. MCKIERNAN, 3179 LAKE POINTE COURT, CINCINNATI, OH 45248	SECRETARY/TREASURER 0.00	0.	0.	0.
VIRGINIA DORNHEGGEN, 3338 PARKHILL DR, CINCINNATI, OH 45248	TRUSTEE 0.00	0.	0.	0.
HUXLEY MILLER, 2940 WOLD AVENUE, CINCINNATI, OH 45206	TRUSTEE 0.00	0.	0.	0.
REV. CHRISTOPHER ARMSTRONG, 1500 LINNEMAN RD, CINCINNATI, OH 45238	TRUSTEE 0.00	0.	0.	0.
JOHN A. MCKIERNAN, 865 ORANGE ST # 3, NEW HAVEN, CT 06511	TRUSTEE 0.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		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?	37b		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 outstanding at the end of the tax year covered by this return?	38a		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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e		X

41 List the states with which a copy of this return is filed ▶ OH

42a The organization's books are in care of ▶ VIRGINIA R. WILTSE Telephone no ▶ 513-451-4678
Located at ▶ 1193 BALMORAL DR., CINCINNATI, OH ZIP + 4 ▶ 45233

			Yes	No
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.**	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 ▶	42c		X

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II	47		X
48	Is the organization 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 a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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 24 July 2012

▶ VIRGINIA R. WILTSE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAUL BEYER, JR	Paul Beyer CPA	7/24/12		P00034475

Firm's name ▶ PAUL BEYER, JR., INC — Firm's EIN ▶ 31-1679245

Firm's address ▶ 6116 HARRISON AVE 2B CINCINNATI, OH 45247 — Phone no (513)-598-1444

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization CARING RESPONSE - MADAGASCAR FOUNDATION
Employer identification number 31-1805595

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2011.** 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 ▶ ☐

b **33 1/3% support test - 2010.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2010.** 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 ▶ ☐

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 ▶ ☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	106,257.	152,343.	90,536.	53,536.	144,628.	547,300.
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 through 5	106,257.	152,343.	90,536.	53,536.	144,628.	547,300.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	23,348.	15,947.	10,376.	11,386.	20,157.	81,214.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	23,348.	15,947.	10,376.	11,386.	20,157.	81,214.
8 **Public support** (Subtract line 7c from line 6)						466,086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	106,257.	152,343.	90,536.	53,536.	144,628.	547,300.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109.	144.	332.	54.	32.	671.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	109.	144.	332.	54.	32.	671.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<250.>					<250.>
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)	106,116.	152,487.	90,868.	53,590.	144,660.	547,721.

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 2011 (line 8, column (f) divided by line 13, column (f))	15	85.10	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	84.34	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	.12	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	.15	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number: 31-1805595

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
FIFTH THIRD BANK	9.
NATIONAL CITY BANK	23.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	32.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: LITERACY PROGRAM, MICROCREDIT PROJECT, ELECTRICITY,

NATIVE CRAFT SUPPORT

AMOUNT OF PAYMENT: 36,150.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: SANITATION PROJECT

AMOUNT OF PAYMENT: 4,000.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: MEDICAL MISSION PROJECT

AMOUNT OF PAYMENT: 34,810.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
CARING RESPONSE - MADAGASCAR FOUNDATION	31-1805595

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: REPAIRS TO DISPENSARY LABORATORY

AMOUNT OF PAYMENT: 1,500.

AFFILIATE NAME: ARCHDIOCESE OF TOAMASINA

AFFILIATE ADDRESS: EVECHE ST JOSEPH 11 RUE DE COMMERCE BP98

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: MEDICAL MISSION PROJECT

AMOUNT OF PAYMENT: 15,000.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: DISPENSARY PROJECT

AMOUNT OF PAYMENT: 21,700.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 113,160.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
WEB SITE FEES	339.
BANK FEES AND CHARGES	126.
OFFICE SUPPLIES	53.
CONFERENCE LINE	265.
STATE FILING FEES	225.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number: 31-1805595

TOTAL TO FORM 990-EZ, LINE 16 1,008.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LITERACY INITIATIVE - OUR LITERACY PROJECT IS THE CENTERPIECE OF CRMF PROGRAMMING. AT ANY GIVEN TIME, OUR 15 CENTERS HAVE AN AVERAGE ENROLLMENT OF 640. MORE THAN 600 OF THE CURRENT STUDENTS ARE WOMEN. IN ADDITION TO LEARNING HOW TO READ, WRITE, AND PERFORM MATHEMATICS, THE STUDENTS LEARN ABOUT CREATING A FAMILY BUDGET, ABOUT THE IMPORTANCE OF HAND WASHING AND SANITATION, AND ABOUT NUTRITION.

THE LITERACY CENTERS SERVE AS THE HUB FOR THE SEEDS PROJECT FUNDED IN COOPERATION WITH THE WATSON FOUNDATION THAT PROVIDES FRUIT AND VEGETABLE SEEDS FOR FAMILY GARDENS. THUS OUR LITERACY CENTERS HELP COMBAT THE GROWING RATE OF MALNUTRITION IN MADAGASCAR, A PROBLEM THAT HAS CAUSED STUNTED GROWTH IN 50% OF THE COUNTRY'S CHILDREN.

OUR URBAN MICRO LENDING PROGRAM, STARTED IN 2011, IS BEING PILOTED THROUGH THE LITERACY CENTERS. THIS PROGRAM HAS ENABLED 80 WOMEN TO LAUNCH SMALL BUSINESSES.

CRMF'S COMPUTER LITERACY PROGRAM ENABLES LOW INCOME POEPLE TO LEARN COMPUTER TECHNOLOGY SKILLS THAT INCREASE THEIR CHANCES FOR BETTER JOBS. THIS PROGRAM ALWAYS OPERATES AT CAPACITY AND HAS A WAITING LIST. IN THE LAST 18 MONTHS, CRMF FUNDED NEW COMPUTERS FOR THE PROGRAM WHICH OFFERS THREE TWO HOUR SESSIONS PER DAY, FIVE DAYS A WEEK ON A ROLLING FIVE WEEK CYCLE.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number: 31-1805595

DISPENSARY ANTSIRAMANDROSO EXPANSION - CONSTRUCTION ON A NEW BUILDING TO HOUSE PATIENTS WITH TUBERCULOSIS BEGAN IN 2011. THIS IN-PATIENT RESIDENT FACILITY WILL ENABLE THE MISSIONARY SISTERS WHO DELIVER CARE AT THE DISPENSARY TO ACCOMMODATE A GROWING NUMBER OF TB PATIENTS DURING TREATMENT. THEIR TREATMENT REQUIRES A PERIOD OF IN-PATIENT ISOLATION AND THE NEW BUILDING WILL PROVIDE MUCH NEEDED DORMITORY SPACE. THE SISTERS WHO STAFF THE DISPENSARY SAW 11,000 PATIENTS LAST YEAR INCLUDING MORE THAN 500 CASES OF TUBERCULOSIS. THEY ARE ABLE TO DIAGNOSE TB IN THE DISPENSARY LABORATORY WHICH WAS CONSTRUCTED WITH HELP FROM CRMF IN 2005, AND RECENTLY IMPROVED.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

SAVING THE LIVES OF MOTHERS AND BABIES - 2011 WAS THE FIRST YEAR OF THIS TWO YEAR PROJECT TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TOAMASINA. CRMF BROUGHT A MEDICAL AND LOGISTICS SUPPORT TEAM TO TOAMASINA IN NOVEMBER 2011 TO TEACH BEST PRACTICES IN OBSTETRIC AND NEWBORN CARE TO THE PHYSICIANS AND MIDWIVES WHO STAFF THE ANKIRIHIRY PUBLIC HEALTH CLINIC. THIS CLINIC SERVES APPROXIMATELY ONE QUARTER OF TOAMASINA'S PEOPLE - SOME 60,000 RESIDENTS. TWELVE MIDWIVES AND DOCTORS COMPLETED TRAINING DURING OUR TEACHING PROGRAM. NEW TECHNIQUES INCLUDED TRAINING IN TAKING BLOOD PRESSURE, STARTING AN IV, AND ADMINISTERING AND INTERPRETING ULTRASOUNDS. OUR TEAM ALSO PROVIDED PRACTICAL SKILLS TRAINING IN HANDLING DIFFICULT DELIVERIES, SUTURING, AND NEONATAL RESUSCITATION.

IN ADDITION, CRMF RECEIVED GRANTS THAT ENABLED US TO SHIP MODERN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: CARING RESPONSE - MADAGASCAR FOUNDATION
Employer identification number 31-1805595

EQUIPMENT, SUPPLIES AND MEDICATIONS TO THE ANKIRIHIRY CLINIC. THE MATERNITY WING AT THE ANKIRIHIRY CLINIC WAS UPGRADED WITH THE NEW EQUIPMENT. IT WAS ALSO PAINTED AND ITS ELECTRICAL CAPACITY WAS INCREASED. INDOOR PLUMBING WAS ALSO ADDED AT THE CLINIC. INITIAL DATA ANALYSIS INDICATES SOME VERY POSITIVE OUTCOMES AS A CONSEQUENCE OF OUR TEACHING PROGRAM AND CLINIC UPGRADE PROJECT.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
ONGOING SANITATION PROJECT
GRANTS $ 0.   EXPENSES $ 4,000.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- 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.	Employer identification number (EIN) or
	CARING RESPONSE - MADAGASCAR FOUNDATION	[X] 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	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45233	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ VIRGINIA R. WILTSE
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 is for.

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

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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