

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Form 990EZ
Department of the Treasury
Internal Revenue Service

- B Check if applicable:
Address change
Name change
Initial return
Final 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) Room/suite
1193 BALMORAL DRIVE
City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 452334802

D Employer identification number
31-1805595
E Telephone number
F Group Exemption Number

G Accounting Method: 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) 501(c)(3) 501(c) () (insert no. 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 111,878

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

Table with 3 columns: Line number, Description, Amount. Includes Revenue lines 1-9. Total revenue: 110,548.

Table with 3 columns: Line number, Description, Amount. Includes Expenses lines 10-17. Total expenses: 92,674.

Table with 3 columns: Line number, Description, Amount. Includes Net Assets lines 18-21. Total net assets: 165,571.

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	147,697	165,571
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	147,697	165,571
26 Total liabilities (describe in Schedule O).		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,697	165,571

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

What is the organization's primary exempt purpose? EDUCATION AND SERVICES TO THE POOR	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
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.	

28 LITERACY INITIATIVE- THE CRMF LITERACY INITIATIVE CONTINUES TO BE AT THE HEART OF CRMF PROGRAMMING. IN 2021, CRMF SUPPORTED ADULT LITERACY OUTREACH IN EIGHTEEN LOCATIONS INCLUDING TWO AT THE TOASMASINA CITY PRISON. ALMOST A THOUSAND ADULTS, 15 AND OLDER, ENROLLED IN THE INTENSIVE FOUR-MONTH LITERACY PROGRAM IN 2021, WITH 84% GRADUATING AFTER A MINIMUM OF 320 HOURS OF CLASSROOM LEARNING. THIS PROGRAM INCLUDES THE BASIC SKILLS OF READING, WRITING AND MATH, AND INCORPORATES INTO THE CURRICULUM TOPICS SUCH AS GOOD HYGIENE, SAFE SANITATION, NUTRITION, HOW TO PLANT AND NURTURE A FAMILY GARDEN, AND HOW TO CREATE A FAMILY BUDGET. THESE CLASSES ARE TAUGHT IN MALAGASY, THE LANGUAGE OF THE POOR, NOT IN FRENCH, THE LANGUAGE OF THE LEARNED AND THE PUBLIC SCHOOLS. THE LITERACY INITIATIVE IS THE FEEDER PROGRAM FOR THE WOMEN'S SELF-HELP GROUPS. THE GOAL OF THE SELF-HELP GROUPS IS TO PROVIDE LITERACY PROGRAM GRADUATES WITH A PATH TO ECONOMIC SELF-SUFFICIENCY. BY WORKING TOGETHER AND POOLING THEIR SAVINGS, THE GROUPS BECOME ELIGIBLE FOR LOANS THAT CAN BE INVESTED IN CREATING SMALL BUSINESSES. THE LITERACY INITIATIVE ALSO CONTINUES TO SUPPORT TECHNOLOGY EDUCATION FOR POOR YOUTH, GIVING THEM ACCESS TO COMPUTER TRAINING THAT MAKES THEM ELIGIBLE FOR BETTER-PAYING JOBS. IN ADDITION, THE LITERACY INITIATIVE NOW INCLUDES A "SCHOOL INSERTION" PROGRAM THAT STRIVES TO RE-ENROLL INTO MIDDLE SCHOOL YOUNGSTERS WHO HAVE DROPPED OUT OF SCHOOL FOR FINANCIAL AND FAMILY REASONS. IN 2021, SOME SIXTY YOUNGSTERS WERE RE-ENROLLED IN SCHOOL AND PROVIDED WITH SCHOOL SUPPLIES AND MEALS. (Grants \$ 48,314) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	48,314
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29 ASSISTANCE IN PURCHASING AND REPAIRING ONG ST GABRIEL VEHICLES - IN THE SPRING OF 2021, THE THREE TWENTY-YEAR-OLD VEHICLES USED BY OUR ONG ST GABRIEL PARTNERS TO LEAD THE PROGRAMS CRMF FUNDS BECAME DISABLED, TWO BEYOND REPAIR. CRMF FUNDED THE PURCHASE OF A USED TRUCK AND THE REPAIR OF A CAR. WE ALSO ASSISTED IN HELPING ONG ST GABRIEL APPLY FOR A GRANT FOR THE PURCHASE OF A THIRD VEHICLE. THESE INVESTMENTS ENABLED OUR PARTNERS ON THE GROUND IN MADAGASCAR TO CONTINUE THEIR WORK IN OUR LITERACY CENTERS AND MODEL HEALTHY VILLAGE. (Grants \$ 16,500) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	16,500
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30 COVID-19 PREVENTION INITIATIVES (CONTINUED FROM 2020) - IN 2021, CRMF CONTINUED TO INVEST IN COVID-19 PREVENTION PROGRAMS THAT PROVIDED HYGIENE INSTRUCTION, SOAP, MASKS, DISINFECTANT, AND SO ON, TO FAMILIES IN THE MODEL HEALTHY VILLAGE IN ANALAMALOTRA AND PARTICIPANTS IN THE LITERACY PROGRAMS. (Grants \$ 17,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	17,000
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THE MODEL HEALTHY VILLAGE INITIATIVE AT ANALAMALOTRA (CONTINUED FROM 2020) - WORK CONTINUED ON THE MODEL HEALTHY VILLAGE PROJECT AT ANALAMALOTRA DESPITE THE DISRUPTIONS AND DELAYS CAUSED BY COVID-19. AS IN THE PREVIOUS MODEL HEALTHY VILLAGES, THE GOAL IS TO IMPROVE PUBLIC HEALTH BY BRINGING CLEAN WATER, HYGIENE EDUCATION, SAFE SANITATION AND ENVIRONMENTALLY FRIENDLY SMOKELESS OVENS TO AN ENTIRE FOKONTANY AND ITS CLUSTER OF SMALL VILLAGES AND HAMLETS. SOME FOUR THOUSAND PEOPLE, MORE THAN 800 FAMILIES, CALL ANALAMALOTRA THEIR HOME, MAKING IT THE LARGEST OF OUR MHV ENDEAVORS. CRMF RAISED 100,000 IN SUPPORT OF THIS EFFORT WHICH ALSO ENJOYED ROTARY FOUNDATION SUPPORT. DATA COLLECTED DURING OUR PAST MHV PROJECTS HAVE SHOWN THAT THE INTRODUCTION OF THE BASIC HYGIENE MEASURES MENTIONED ABOVE HAS SUBSTANTIALLY REDUCED BOTH SCHOOL ABSENTEEISM AND THE RATE OF INFECTIONS DIARRHEA AMONG THE OVERALL POPULATION. IN ADDITION, THE USE OF THE ENVIRONMENTALLY FRIENDLY SMOKELESS OVEN HAS REDUCED THE OCCURENCE OF RESPIRATORY DISEASE. MEDICAL OUTREACH - TO HELP MEET THE NEEDS OF THE POOR DURING THE DIFFICULT ECONOMIC TIMES BROUGHT ABOUT BY COVID-19 AND THE LIMITS PLACED ON TRAVEL AND SHIPPING DUE TO THE PANDEMIC, CRMF PURCHASED MEDICATIONS AND SUPPLIES FOR ANKIRIHIRY CSB II, THE SITE OF OUR SAVINGS THE LIVES OF MOTHERS AND BABIES PROJECTS, AND FOR THE DISPENSARY ANTSIRAMANDROSO, LOCATED IN RURAL TAMATAVE AND STAFFED BY MONTFORT SISTERS. (Grants \$ 5,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>		5,000
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31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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32 Total program service expenses (add lines 28a through 31a)	32	86,814
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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 title	(b) 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	20.00	0		

(a) Name and title	(b) 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
DIRECTOR/ VI				
DAVID E WILTSE	5.00	0		
BOARD CHAIR				
HUXLEY MILLER	5.00	0		
TRUSTEE				
REV CHRISTOPHER ARMSTRONG	5.00	0		
TRUSTEE				
JOHN A MCKIERNAN	5.00	0		
TREASURER				
DARWIN JAMES	10.00	0		
MDCL OUTREAC				
CAROL EGNER	5.00	0		
TRUSTEE				
DAVID W WILTSE	5.00	0		
TRUSTEE				
ARIEL MILLER	5.00	0		
BOARD SECRET				

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 Schedule O to respond to any question in this Part V.

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
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.
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
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
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

	Yes	No
46		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.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations 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		No
48		No
49a		No
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) 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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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	Signature of officer	2022-10-05
	VIRGINIA R WILTSE DIRECTOR/ VICE CHAIR Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name JONATHAN ABDALLA	Preparer's signature	Date 2022-10-05	Check <input type="checkbox"/> if self-employed	PTIN P01946757
	Firm's name	SEIBEL & KATZ CPAS		Firm's EIN	
	Firm's address	3814 WEST ST STE 311 CINCINNATI, OH 45227		31-1328088	
				Phone no. (513) 271-7835	

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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 12, 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 (Form 990).)
- 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 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 VI.).						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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 VI 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—2020. 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 VI 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 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 15 Public support percentage for 2021 (86.680%); 16 Public support percentage from 2020 Schedule A, Part III, line 15 (80.630%).

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 17 Investment income percentage for 2021 (0%); 18 Investment income percentage from 2020 Schedule A, Part III, line 17 (0%).

19a 33 1/3% support tests—2021. 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—2020. 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.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

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2021

Open to Public Inspection

SCHEDULE O
(Form 990)**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.

▶ Go to www.irs.gov/Form990 for the latest information.Department of the Treasury
Internal Revenue ServiceName of the organization
CARING RESPONSE - MADAGASCAR
FOUNDATION

Employer identification number

31-1805595

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	OTHER INCOME 50 TOTAL 50
FORM 990-EZ, PART I, LINE 10	NAME: EDWIN JOSEPH FSG ADDRESS: ONE ST GABRIEL CASH CONTRIBUTION: 48,314 NAME: EDWIN JOSEPH FSG ADDRESS: ONE ST GABRIEL CASH CONTRIBUTION: 16,500 NAME: EDWIN JOSEPH FSG ADDRESS: ONE ST GABRIEL CASH CONTRIBUTION: 17,000
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK CHARGES 368 CONFERENCE LINE 131 OFFICE SUPPLIES 126 POSTAGE 634 PROMOTION 2,426 STATE FILING FEES 100 WEBSITE 450 ZOOM 130 TOTAL 4,365
FORM 990-EZ, PART III, LINE 28	LITERACY INITIATIVE- THE CRMF LITERACY INITIATIVE CONTINUES TO BE AT THE HEART OF CRMF PROGRAMMING. IN 2021, CRMF SUPPORTED ADULT LITERACY OUTREACH IN EIGHTEEN LOCATIONS INCLUDING TWO AT THE TOASMASINA CITY PRISON. ALMOST A THOUSAND ADULTS, 15 AND OLDER, ENROLLED IN THE INTENSIVE FOUR-MONTH LITERACY PROGRAM IN 2021, WITH 84% GRADUATING AFTER A MINIMUM OF 320 HOURS OF CLASSROOM LEARNING. THIS PROGRAM INCLUDES THE BASIC SKILLS OF READING, WRITING AND MATH, AND INCORPORATES INTO THE CURRICULUM TOPICS SUCH AS GOOD HYGIENE, SAFE SANITATION, NUTRITION, HOW TO PLANT AND NURTURE A FAMILY GARDEN, AND HOW TO CREATE A FAMILY BUDGET. THESE CLASSES ARE TAUGHT IN MALAGASY, THE LANGUAGE OF THE POOR, NOT IN FRENCH, THE LANGUAGE OF THE LEARNED AND THE PUBLIC SCHOOLS. THE LITERACY INITIATIVE IS THE FEEDER PROGRAM FOR THE WOMEN'S SELF-HELP GROUPS. THE GOAL OF THE SELF-HELP GROUPS IS TO PROVIDE LITERACY PROGRAM GRADUATES WITH A PATH TO ECONOMIC SELF-SUFFICIENCY. BY WORKING TOGETHER AND POOLING THEIR SAVINGS, THE GROUPS BECOME ELIGIBLE FOR LOANS THAT CAN BE INVESTED IN CREATING SMALL BUSINESSES. THE LITERACY INITIATIVE ALSO CONTINUES TO SUPPORT TECHNOLOGY EDUCATION FOR POOR YOUTH, GIVING THEM ACCESS TO COMPUTER TRAINING THAT MAKES THEM ELIGIBLE FOR BETTER-PAYING JOBS. IN ADDITION, THE LITERACY INITIATIVE NOW INCLUDES A "SCHOOL INSERTION" PROGRAM THAT STRIVES TO RE-ENROLL INTO MIDDLE SCHOOL YOUNGSTERS WHO HAVE DROPPED OUT OF SCHOOL FOR FINANCIAL AND FAMILY REASONS. IN 2021, SOME SIXTY YOUNGSTERS WERE RE-ENROLLED IN SCHOOL AND PROVIDED WITH SCHOOL SUPPLIES AND MEALS.
FORM 990-EZ, PART III, LINE 29	ASSISTANCE IN PURCHASING AND REPAIRING ONG ST GABRIEL VEHICLES - IN THE SPRING OF 2021, THE THREE TWENTY-YEAR-OLD VEHICLES USED BY OUR ONG ST GABRIEL PARTNERS TO LEAD THE PROGRAMS CRMF FUNDS BECAME DISABLED, TWO BEYOND REPAIR. CRMF FUNDED THE PURCHASE OF A USED TRUCK AND THE REPAIR OF A CAR. WE ALSO ASSISTED IN HELPING ONG ST GABRIEL APPLY FOR A GRANT FOR THE PURCHASE OF A THIRD VEHICLE. THESE INVESTMENTS ENABLED OUR PARTNERS ON THE GROUND IN MADAGASCAR TO CONTINUE THEIR WORK IN OUR LITERACY CENTERS AND MODEL HEALTHY VILLAGE.
FORM 990-EZ, PART III, LINE 30	COVID-19 PREVENTION INITIATIVES (CONTINUED FROM 2020) - IN 2021, CRMF CONTINUED TO INVEST IN COVID-19 PREVENTION PROGRAMS THAT PROVIDED HYGIENE INSTRUCTION, SOAP, MASKS, DISINFECTANT, AND SO ON, TO FAMILIES IN THE MODEL HEALTHY VILLAGE IN ANALAMALOTRA AND PARTICIPANTS IN THE LITERACY PROGRAMS.
FORM 990-EZ, PART III, LINE 31	THE MODEL HEALTHY VILLAGE INITIATIVE AT ANALAMALOTRA (CONTINUED FROM 2020) - WORK CONTINUED ON THE MODEL HEALTHY VILLAGE PROJECT AT ANALAMALOTRA DESPITE THE DISRUPTIONS AND DELAYS CAUSED BY COVID-19. AS IN THE PREVIOUS MODEL HEALTHY VILLAGES, THE GOAL IS TO IMPROVE PUBLIC HEALTH BY BRINGING CLEAN WATER, HYGIENE EDUCATION, SAFE SANITATION AND ENVIRONMENTALLY FRIENDLY SMOKELESS OVENS TO AN ENTIRE FOKONTANY AND ITS CLUSTER OF SMALL VILLAGES AND HAMLETS. SOME FOUR THOUSAND PEOPLE, MORE THAN 800 FAMILIES, CALL ANALAMALOTRA THEIR HOME, MAKING IT THE LARGEST OF OUR MHV ENDEAVORS. CRMF RAISED 100,000 IN SUPPORT OF THIS EFFORT WHICH ALSO ENJOYED ROTARY FOUNDATION SUPPORT. DATA COLLECTED DURING OUR PAST MHV PROJECTS HAVE SHOWN THAT THE INTRODUCTION OF THE BASIC HYGIENE MEASURES MENTIONED ABOVE HAS SUBSTANTIALLY REDUCED BOTH SCHOOL ABSENTEEISM AND THE RATE OF INFECTIONS DIARRHEA AMONG THE OVERALL POPULATION. IN ADDITION, THE USE OF THE ENVIRONMENTALLY FRIENDLY SMOKELESS OVEN HAS REDUCED THE OCCURENCE OF RESPIRATORY DISEASE. MEDICAL OUTREACH - TO HELP MEET THE NEEDS OF THE POOR DURING THE DIFFICULT ECONOMIC TIMES BROUGHT ABOUT BY COVID-19 AND THE LIMITS PLACED ON TRAVEL AND SHIPPING DUE TO THE PANDEMIC, CRMF PURCHASED MEDICATIONS AND SUPPLIES FOR ANKIRIHIRY CSB II, THE SITE OF OUR SAVINGS THE LIVES OF MOTHERS AND BABIES PROJECTS, AND FOR THE DISPENSARY ANTSIRAMANDROSO, LOCATED IN RURAL TAMATAVE AND STAFFED BY MONTFORT SISTERS.

Additional Data

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