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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

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2010 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) Room/suite: **1193 BALMORAL DRIVE**
 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: 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**

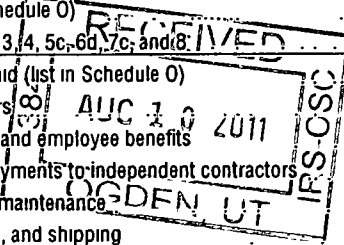
J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting 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. **▶ \$ 58,623.**

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	53,536.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	54.
5a	Gross amount from sale of assets other than inventory	5,033.
5b	Less: cost or other basis and sales expenses	5,068.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<35.>
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	53,555.
10	Grants and similar amounts paid (list in Schedule O)	72,000.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	1,060.
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	1,196.
16	Other expenses (describe in Schedule O)	5,775.
17	Total expenses. Add lines 10 through 16	80,031.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<26,476.>
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)	59,320.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	32,844.



SCANNED AUC Expenses 2011

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

Form 990-EZ (2010)

032171
02-02-11

2 68

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	59,320.	32,844.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	59,320.	32,844.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,320.	32,844.

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,000.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	48,500.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,500.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	72,000.

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VIRGINIA R. WILTSE, 1193 BALMORAL DR CINCINNATI, OH 45233, CINCINNATI, OH	ADMINISTRATOR /VICE PRESID	0.	0.	0.
DAVID E. WILTSE, 4309 36TH STREET S., ARLINGTON, VA 22206	PRESIDENT	0.	0.	0.
THOMAS E. MCKIERNAN, 3179 LAKE POINTE COURT, CINCINNATI, OH 45248	SECRETARY/TREASURER	0.	0.	0.
VIRGINIA DORNHEGGEN, 3338 PARKHILL DR, CINCINNATI, OH 45248	TRUSTEE	0.	0.	0.
HUXLEY MILLER, 2940 WOLD AVENUE, CINCINNATI, OH 45206	TRUSTEE	0.	0.	0.
REV. CHRISTOPHER ARMSTRONG, 1500 LINNEMAN RD, CINCINNATI, OH 45238	TRUSTEE	0.	0.	0.
JOHN A. MCKIERNAN, 550 WHITNEY AVENUE # 11, NEW HAVEN, CT 06511	TRUSTEE	0.	0.	0.

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

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

X

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	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 outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	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.		
40b	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		X
40c	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.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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 ▶ NONE		
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	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
42c	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
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
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		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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		X
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		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? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 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				

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
 Signature of officer: Virginia R. Wiltse, DIRECTOR & VICE-PRESIDENT Date: 8-5-11
 Type or print name and title: VIRGINIA R. WILTSE, DIRECTOR & VICE-PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL BEYER, JR	<u>Paul Beyer CPA</u>	<u>8/5/11</u>		
	Firm's name	Firm's EIN		Phone no.	
	PAUL BEYER, JR., INC			(513)-598-1444	
	Firm's address				
	6116 HARRISON AVE 2B CINCINNATI, OH 45247				

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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,569.	106,257.	152,343.	90,536.	53,536.	479,241.
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	76,569.	106,257.	152,343.	90,536.	53,536.	479,241.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,506.	23,348.	15,947.	10,376.	11,386.	74,563.
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	13,506.	23,348.	15,947.	10,376.	11,386.	74,563.
8 Public support (Subtract line 7c from line 6)						404,678.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	76,569.	106,257.	152,343.	90,536.	53,536.	479,241.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93.	109.	144.	332.	54.	732.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	93.	109.	144.	332.	54.	732.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	102.	<250.>				<148.>
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)	76,764.	106,116.	152,487.	90,868.	53,590.	479,825.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	84.34 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	85.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.15 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.14 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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	12.
NATIONAL CITY BANK	42.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	54.

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: 11,250.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF
TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: COMPUTER LITERACY PROGRAM

AMOUNT OF PAYMENT: 3,500.

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: 3,500.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number

31-1805595

AFFILIATE NAME: RK EXPORTS

AFFILIATE ADDRESS: 40 E BHATHINAGAR GIDC RAJKOT INDIA

PURPOSE OF PAYMENT: EQUIPMENT FOR SANITEC SANITARY WARES PLANT

AMOUNT OF PAYMENT: 20,000.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: LITERACY PROGRAM, COMPUTER LITERACY, ELECTRICITY,
PRISON MINISTRY.

AMOUNT OF PAYMENT: 14,050.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: LITERACY PROGRAM, COMPUTER LITERACY, ELECTRICITY,
PRISON MINISTRY.

AMOUNT OF PAYMENT: 19,700.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 72,000.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

WEB SITE FEES 360.

BANK FEES AND CHARGES 120.

OFFICE SUPPLIES 82.

MEDICAL SUPPLIES 1,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

2010

Open to Public
Inspection

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number

31-1805595

TRAVEL EXPENSES

4,213.

TOTAL TO FORM 990-EZ, LINE 16

5,775.

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

SANITATION PROJECT - CONSTRUCTION OF OUR SANITATION

TECHNOLOGY PRODUCTION PLANT WAS COMPLETED IN 2010, DESPITE

DELAYS DUE TO TRANSPORTATION AND COST COMPLICATIONS

ARISING FROM THE POLITICAL SITUATION. THE PLANT WAS DEDICATED AMIDST

GREAT CIVIC AND COMMUNITY CELEBRATION IN CEREMONIES HELD ON NOVEMBER 2,

2010. THE FACILITY IS GEARING UP FOR FULL PRODUCTION AT WHICH TIME IT

WILL EMPLOY 70 LOCAL PEOPLE, HALF OF THEM WOMEN. 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 BREAKTHROUGH 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.

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

LITERACY - OUR LITERACY PROGRAM CONTINUES TO BE A MAJOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

2010

Open to Public
Inspection

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number

31-1805595

SOURCE OF INVESTMENT AND ACCOMPLISHMENT FOR US. WE FUND

THE OPERATIONS AT 15 LITERACY CENTERS IN THE URBAN SLUMS

AND OUTLYING RURAL VILLAGES IN THE REGION OF TOAMASINA/TAMATAVE. THE

CURRICULUM AT THESE CENTERS INCLUDES EMPHASIS 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. WE ALSO FUND A

COMPUTER TECHNOLOGY PROGRAM THAT ENABLES POOR PEOPLE TO ATTAIN COMPUTER

LITERACY AND THUS TO QUALIFY FOR BETTER JOBS.

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

NUTRITION - WE COLLABORATED WITH THE WATSON CHILDREN'S

FOUNDATION IN 2010 TO HELP FIGHT MALNUTRITION AND FOOD

INSECURITY IN THE TOAMASINA REGION, PROBLEMS WHICH HAVE

GROWN IN SCOPE DUE TO THE COUNTRY'S UNRESOLVED POLITICAL CRISIS AND TO

THE RISE IN GLOBAL FOOD PRICES. FIFTY PERCENT OF MADAGASCAR'S CHILDREN

SUFFER FROM STUNTED GROWTH DUE TO CHRONIC MALNUTRITION, ONE OF THE

HIGHEST PERCENTAGES OF ANY COUNTRY IN THE WORLD. THE WATSON FOUNDATION

PROVIDED ENOUGH FRUIT AND VEGETABLE SEEDS FOR ONE THOUSAND FAMILY

GARDENS. THESE WERE DISTRIBUTED THROUGH THE CRMF LITERACY CENTERS

WHERE STUDENTS UNDERWENT TRAINING IN HOW TO PLANT AND CULTIVATE

SEEDLINGS AND HOW TO GROW THEIR OWN NUTRITIOUS FOOD. THIS PROJEST WAS

A HUGE SUCCESS AND WILL BE REPEATED NEXT YEAR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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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.

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.

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 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	

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

03

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	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 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, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2010** 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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)