



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, 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.

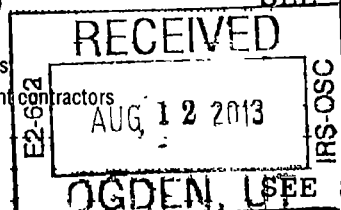
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2012 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	CARING RESPONSE - MADAGASCAR FOUNDATION		31-1805595
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
	1193 BALMORAL DRIVE		513-451-4678
City or town, state or country, and ZIP + 4		F Group Exemption Number ▶	
CINCINNATI, OH 45233			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input type="checkbox"/> 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) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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. ▶ \$ 88,629.			

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 81,076.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 14.
	5a Gross amount from sale of assets other than inventory	5a 7,539.
	b Less cost or other basis and sales expenses	5b 7,737.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <198.>
	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 80,892.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 72,398.
	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 2,350.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 1,544.
	16 Other expenses (describe in Schedule O)	16 7,493.
	17 Total expenses. Add lines 10 through 16	17 83,785.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <2,893.>
	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 60,551.
	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 57,658.



LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2012)

98 11

SCANNED AUG 27 2013

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	60,551.	22	57,658.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	60,551.	25	57,658.
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)	60,551.	27	57,658.

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.

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 <input type="checkbox"/>	28a		36,800.
29 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		12,149.
30 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		6,416.
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		28,300.
32 Total program service expenses (add lines 28a through 31a)	32		83,665.

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 ADMINISTRATOR /VICE PRESID	25.00	0.	0.	0.
DAVID E. WILTSE PRESIDENT	1.00	0.	0.	0.
THOMAS E. MCKIERNAN SECRETARY/TREASURER	0.00	0.	0.	0.
VIRGINIA DORNHEGGEN TRUSTEE	0.00	0.	0.	0.
HUXLEY MILLER TRUSTEE	0.00	0.	0.	0.
REV. CHRISTOPHER ARMSTRONG TRUSTEE	0.00	0.	0.	0.
JOHN A. MCKIERNAN 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]

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) 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
40c 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
40d Section 501(c)(3) and 501(c)(4) 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
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
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the US? 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)

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

Table with Yes/No columns and value 46, X

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

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

Table with Yes/No columns and value 47, X

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

Table with Yes/No columns and value 48, X

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

Table with Yes/No columns and value 49a, X

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

Table with Yes/No columns and value 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"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000, (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. All entries are 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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Table with Yes/No columns and value X Yes

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, Date 8/8/13, Type or print name and title VIRGINIA R WILTSE, DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name PAUL BEYER, JR, Preparer's signature Paul Beyer CPA, Date 8/6/13, Check self-employed, PTIN 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

Table with Yes/No columns and value X Yes

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	152,343.	90,536.	53,536.	144,628.	88,629.	529,672.
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	152,343.	90,536.	53,536.	144,628.	88,629.	529,672.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,947.	10,376.	11,386.	20,157.	11,268.	69,134.
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	15,947.	10,376.	11,386.	20,157.	11,268.	69,134.
8 Public support (Subtract line 7c from line 6)						460,538.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	152,343.	90,536.	53,536.	144,628.	88,629.	529,672.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144.	332.	54.	32.	14.	576.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	144.	332.	54.	32.	14.	576.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)	152,487.	90,868.	53,590.	144,660.	88,643.	530,248.

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 2012 (line 8, column (f) divided by line 13, column (f))	15	86.85 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	85.10 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.11 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.12 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

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

14.

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, PRISON PROJECT,

AMOUNT OF PAYMENT:

39,100.

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:

1,000.

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:

4,000.

AFFILIATE NAME: EDWIN JOSEPH FSG

AFFILIATE ADDRESS: ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF

TOAMASINA 501 MADAGASCAR

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

2012

Open to Public
Inspection

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

PURPOSE OF PAYMENT: **CYCLONE RELIEF PROJECT**

AMOUNT OF PAYMENT: **25,000.**

AFFILIATE NAME: **IMRES MEDICAL**

AFFILIATE ADDRESS: **LARSERPOORTWEG 26, PO BOX 214**

82 AE LELYSTAD, THE NETHERLANDS

PURPOSE OF PAYMENT: **MEDICAL MISSION PROJECT**

AMOUNT OF PAYMENT: **2,416.**

AFFILIATE NAME: **EDWIN JOSEPH FSG**

AFFILIATE ADDRESS: **ONG ST GABRIEL 2 RUE BERTHOLD ANJOMA MPF**

TOAMASINA 501 MADAGASCAR

PURPOSE OF PAYMENT: **HEALTHY MOTHERS AND BABIES PROJECT**

AMOUNT OF PAYMENT: **500.**

AFFILIATE NAME: **LAERDALGLOBAL HEALTH**

AFFILIATE ADDRESS: **PO BOX 377 TANKE SVILANDSGATE 30**

N-4002 STAVANGER, NORWAY

PURPOSE OF PAYMENT: **MEDICAL MISSION PROJECT**

AMOUNT OF PAYMENT: **382.**

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 **72,398.**

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

WEB SITE FEES **299.**

BANK FEES AND CHARGES **310.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

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

2012

Open to Public
Inspection

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number
31-1805595

OFFICE SUPPLIES	62.
CONFERENCE LINE	400.
STATE FILING FEES	50.
PROGRAM EVALUATION AND TRAVEL EXPENSES	6,372.
TOTAL TO FORM 990-EZ, LINE 16	7,493.

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

LITERACY INITIATIVE - OUR LITERACY CENTERS REMAIN AT THE CORE OF CRMF PROGRAMMING. AT ANY GIVEN TIME, OUR 15 CENTERS HAVE AN AVERAGE ENROLLMENT OF 640. MORE THAN 95% OF THE STUDENTS ARE WOMEN. IN ADDITION TO LEARNING HOW TO READ, WRITE AND DO 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. THIS PROGRAM 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 NUMEROUS, SUCCESSFUL SMALL BUSINESSES.

CRMF'S COMPUTER LITERACY PROGRAM ENABLES LOW INCOME PEOPLE TO LEARN COMPUTER TECHNOLOGY SKILLS THAT INCREASE THEIR CHANCES FOR BETTER JOBS. THIS PROGRAM ALWAYS OPERATES AT CAPACITY AND HAS A WAITING LIST. THIS PROGRAM OFFERS THREE TWO HOUR SESSIONS PER DAY, FIVE DAYS PER WEEK ON A

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

2012

Open to Public
Inspection

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number

31-1805595

ROLLING FIVE WEEK CYCLE.

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

SAVING THE LIVES OF MOTHERS AND BABIES - THIS TWO YEAR
PROJECT WAS DESIGNED TO REDUCE MATERNAL AND NEONATAL
MORTALITY IN TOAMASINA. CRMF AGAIN BROUGHT A MEDICAL TEAM
TO TOAMASINA IN SEPTEMBER 2012 TO OFFER CONTINUING MEDICAL EDUCATION 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. IN 2012 OUR TEAM
INTRODUCED THE INTERNATIONALLY ACCLAIMED HELPING BABIES BREATHE
CURRICULUM TO MIDWIVES AND PHYSICIANS. THIS TRAINING WAS ENHANCED BY
USING NEONATALIE RESUSCITATION MODELS DESIGNED BY LAERDAL GLOBAL TO
TEACH RESUSCITATION SKILLS TO MEDICAL PERSONNEL IN DEVELOPING
COUNTRIES.

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

MEDICAL CLINIC OUTREACH TO THE POOR - CRMF MEDICAL
VOLUNTEERS WHO TRAVELLED TO MADAGASCAR IN SEPTEMBER 2012
OFFERED FREE CLINICS TO SOME OF THE POOREST OF TOAMASINA'S
URBAN AND RURAL PEOPLE. THE CLINICS WERE DESIGNED TO PROVIDE SPECIALTY
CARE TO WOMEN AND CHILDREN, BUT NO ONE WAS TURNED AWAY. OVER A PERIOD
OF FOUR DAYS THE TEAM TREATED SOME 700 PATIENTS, PROVIDED DIAGNOSTIC
SERVICES AND FREE MEDICATIONS, AND MADE REFERRALS AS NECESSARY TO THE
LOCAL HOSPITAL. THESE CLINICS WERE HELD IN RURAL ANTSIRAMANDROSO AND
IN ANALAMALOTRA VILLAGE.

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

2012

Open to Public
Inspection

Name of the organization

CARING RESPONSE - MADAGASCAR FOUNDATION

Employer identification number

31-1805595

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

RESPONSE TO CYCLONE GIOVANNA - THIS CYCLONE STRUCK IN FEBRUARY 2012 AND

MUCH OF THE TOWN OF BRICKAVILLE, JUST SOUTH OF TOAMASINA WAS DESTROYED.

CRMF SOUGHT AND RECEIVED A GRANT TO RESPOND TO EMERGENCY NEEDS IN THE

AFTERMATH OF THE CYCLONE. THE LACK OF SAFE WATER WAS ONE OF THE

BIGGEST PROBLEMS, AND GRANT FUNDING ENABLED ONG ST. GABRIEL, OUR

PARTNER ORGANIZATION IN MADAGASCAR, TO PROVIDE CLEAN WATER SOURCES IN

AFFLICTED VILLAGES.

GRANTS \$ 0. EXPENSES \$ 25,000.

ONGOING SANITATION PROJECT

GRANTS \$ 0. EXPENSES \$ 1,000.

PRISON PROJECT

GRANTS \$ 0. EXPENSES \$ 2,300.

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.

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 or other filer, see instructions CARING RESPONSE - MADAGASCAR FOUNDATION	Employer identification number (EIN) or 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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2012** 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.