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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code: CINCINNATI, OH 45233

D Employer identification number

31-1805595

E Telephone number

F Group Exemption Number

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

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

I Website: WWW.CARINGRESPONSE.ORG

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

K Form of organization: [X] 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. Total: \$159,239

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

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 154,294, 15, 4,930, 5,024, -94, 154,215, 73,085, 1,288, 15,758, 90,131, 64,084, 57,658, 121,742.

**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
<b>22</b> Cash, savings, and investments . . . . .	57,658	<b>22</b> 121,742
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	57,658	<b>25</b> 121,742
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	57,658	<b>27</b> 121,742

**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 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

<b>28</b> LITERACY INITIATIVE- OUR LITERACY CENTERS REMAIN AT THE CORE OF CRMF PROGRAMING AT ANY GIVEN TIME, OUR 15 CENTERS HAVE AN AVERAGE ENROLLMENT OF 640 MORE THAN TWELVE THOUSAND WOMEN AND MEN HAVE COMPLETED THE FOUR-PART LITERACY CURRICULUM THAT EMPHASIZES NOT ONLY READING, WRITING, AND MATHEMATICS BUT BASIC LIFE SKILLS SUCH AS BUDGETING, SANITATION, AND GARDENING. 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 A WEEK ON A ROLLING FIVE-WEEK CYCLE. THE LITERACY CENTERS SERVE AS THE HUB FOR THE SEEDS PROJECT FUNDED IN COOPERATION WITH THE WATSON FOUNDATION. THIS PROGRAM, NOW IN ITS FOURTH YEAR, 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. (Grants \$ 41,050) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>28a</b>	41,050
<b>29</b> MEDICAL EDUCATION OUTREACH- THIS PROJECT HAS EXPANDED AS A RESULT OF CRMF'S HIGHLY SUCCESSFUL PROGRAM TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TOAMASINA. SINCE 2011, CRMF HAS BROUGHT A MEDICAL TEAM TO TOAMASINA ANNUALLY TO OFFER MEDICAL EDUCATION IN OBSTETRIC AND NEWBORN CARE TO THE PHYSICIANS AND MIDWIVES WHO STAFF THE ANKIRIHIRY PUBLIC HEALTH CLINIC WHICH SERVES SOME 60,000 RESIDENTS. IN 2013, CRMF EXPANDED THIS PROGRAM AND ALSO OFFERED CONTINUING MEDICAL EDUCATION TO COMMUNITY PHYSICIANS ON IMPORTANT TOPICS SUCH AS ASTHMA CONTROL AND DIAGNOSING AND TREATING CHRONIC LUNG DISORDERS, BOTH ISSUES THAT AFFLICT MANY OF THE POOR IN MADAGASCAR. IN ADDITION, OUR MEDICAL TEAM HELD MEDICAL CLINICS FOR THE POOR TREATING SOME 550 URBAN AND RURAL MEN, WOMEN AND CHILDREN FREE OF CHARGE. (Grants \$ 21,011) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>29a</b>	21,011
<b>30</b> MODEL HEALTHY VILLAGE PILOT PROGRAM- CRMF RAISED MORE THEN 80,000 TO FUND A MULTI-YEAR PILOT PROJECT THAT WILL BRING CLEAN WATER, SAFE SANITATION AND HYGIENE EDUCATION TO TWO REMOTE RURAL AREAS IN MADAGASCAR. IF SUCCESSFUL, THIS INTEGRATED PROGRAM MAY BE REPLICATED IN OTHER REMOTE REGIONS. (Grants \$ 11,024) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>30a</b>	11,024
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	73,085

**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
See Additional Data Table				

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
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 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
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 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 \_\_\_\_\_ Date 2014-07-25  
 VIRGINIA R WILTSE VICE CHAIR  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name MARTY BROSS	Preparer's signature	Date 2014-07-29	Check <input type="checkbox"/> if self-employed	PTIN P01771192
Firm's name <input checked="" type="checkbox"/> SEIBEL & KATZ CPAS			Firm's EIN <input checked="" type="checkbox"/> 31-1328088	
Firm's address <input checked="" type="checkbox"/> 3814 WEST ST 311 CINCINNATI, OH 45227			Phone no (513) 271-7835	

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1805595

**Name:** CARING RESPONSE - MADAGASCAR  
FOUNDATION

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 DIRECTOR/VI	25 00	0		
DAVID E WILTSE BOARD CHAIR	1 00	0		
THOMAS E MCKIERNAN SECRETARY/TR	000 00	0		
HUXLEY MILLER TRUSTEE	000 00	0		
REV CHRISTOPHER ARMSTRONG TRUSTEE	000 00	0		
JOHN A MCKIERNAN TRUSTEE	000 00	0		
DARWIN JAMES TRUSTEE	10 00	0		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ See separate instructions.  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CARING RESPONSE - MADAGASCAR FOUNDATION

**Employer identification number**  
31-1805595

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	90,536	53,536	144,628	88,629	154,294	531,623
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	90,536	53,536	144,628	88,629	154,294	531,623
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	10,376	11,386	20,157	11,268	13,024	66,211
<b>b</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						
<b>c</b> Add lines 7a and 7b	10,376	11,386	20,157	11,268	13,024	66,211
<b>8 Public support</b> (Subtract line 7c from line 6 )						465,412

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	90,536	53,536	144,628	88,629	154,294	531,623
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	332	54	32	14	15	447
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	332	54	32	14	15	447
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	90,868	53,590	144,660	88,643	154,309	532,070
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	87.470 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	86.850 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2013**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
CARING RESPONSE - MADAGASCAR  
FOUNDATION

Employer identification number

31-1805595

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	EDWIN JOSEPH FSG ONE ST GABRIEL TOAMASINA 501 MADAGASCAR 41,050 0 0 EDWIN JOSEPH FSG ONE ST GABRIEL TOAMASINA 501 MADAGASCAR 10,274 0 0 EDWIN JOSEPH FSG ONE ST GABRIEL TOAMASINA 501 MADAGASCAR 18,400 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK CHARGES 467 CONFERENCE LINE 312 PROMOTION 1,039 OFFICE SUPPLIES 8 POSTAGE 519 WEBSITE 339 STATE FILING FEES 50 REIMBURSEMENTS 1,000 TRAVEL & SUPPLIES 12,006 TRANSFER FEES 18 TOTAL 15,758
FORM 990-EZ, PART III, LINE 28	LITERACY INITIATIVE- OUR LITERACY CENTERS REMAIN AT THE CORE OF CRMF PROGRAMING AT ANY GIVEN TIME, OUR 15 CENTERS HAVE AN AVERAGE ENROLLMENT OF 640 MORE THAN TWELVE THOUSAND WOMEN AND MEN HAVE COMPLETED THE FOUR-PART LITERACY CURRICULUM THAT EMPHASIZES NOT ONLY READING, WRITING, AND MATHEMATICS BUT BASIC LIFE SKILLS SUCH AS BUDGETING, SANITATION, AND GARDENING 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 A WEEK ON A ROLLING FIVE-WEEK CYCLE. THE LITERACY CENTERS SERVE AS THE HUB FOR THE SEEDS PROJECT FUNDED IN COOPERATION WITH THE WATSON FOUNDATION THIS PROGRAM, NOW IN ITS FOURTH YEAR, 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
FORM 990-EZ, PART III, LINE 29	MEDICAL EDUCATION OUTREACH- THIS PROJECT HAS EXPANDED AS A RESULT OF CRMF'S HIGHLY SUCCESSFUL PROGRAM TO REDUCE MATERNAL AND NEONATAL MORTALITY IN TOAMASINA SINCE 2011, CRMF HAS BROUGHT A MEDICAL TEAM TO TOAMASINA ANNUALLY TO OFFER MEDICAL EDUCATION IN OBSTETRIC AND NEWBORN CARE TO THE PHY SICIANS AND MIDWIVES WHO STAFF THE ANKIRIHIRY PUBLIC HEALTH CLINIC WHICH SERVES SOME 60,000 RESIDENTS IN 2013, CRMF EXPANDED THIS PROGRAM AND ALSO OFFERED CONTINUING MEDICAL EDUCATION TO COMMUNITY PHY SICIANS ON IMPORTANT TOPICS SUCH AS ASTHMA CONTROL AND DIAGNOSING AND TREATING CHRONIC LUNG DISORDERS, BOTH ISSUES THAT AFFLICT MANY OF THE POOR IN MADAGASCAR IN ADDITION, OUR MEDICAL TEAM HELD MEDICAL CLINICS FOR THE POOR TREATING SOME 550 URBAN AND RURAL MEN, WOMEN AND CHILDREN FREE OF CHARGE
FORM 990-EZ, PART III, LINE 30	MODEL HEALTHY VILLAGE PILOT PROGRAM- CRMF RAISED MORE THEN 80,000 TO FUND A MULTI-YEAR PILOT PROJECT THAT WILL BRING CLEAN WATER, SAFE SANITATION AND HYGIENE EDUCATION TO TWO REMOTE RURAL AREAS IN MADAGASCAR IF SUCCESSFUL, THIS INTEGRATED PROGRAM MAY BE REPLICATED IN OTHER REMOTE REGIONS

# TY 2013 Compensation Explanation

**Name:** CARING RESPONSE - MADAGASCAR  
FOUNDATION

**EIN:** 31-1805595

Person Name	Explanation
VIRGINIA R WILTSE	
DAVID E WILTSE	
THOMAS E MCKIERNAN	
HUXLEY MILLER	
REV CHRISTOPHER ARMSTRONG	
JOHN A MCKIERNAN	
DARWIN JAMES	