Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

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)

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

A F	or th	e 201	1 calendar	year, or tax year be	eginning 0	7/01, 2011 ,	and ending	<u>g</u>	(09/30 ,20	11
_			C Name of or	ganization					D Employer ident	tification num	ber
Вс	heck if ap	plicable:	TOUCH	FOUNDATION IN	C.						
	Addre		Doing Busin	ess As					20-14699	76	
	7 7	change	Number an	d street (or P.O. box if ma	ail is not delivered to street add	ress) F	Room/suite		E Telephone num	nber	
	Initial	return	P O BC	X 1420					(212) 351-	-0721	
	Termi			n, state or country, and ZII	P + 4				,		
	Amen		· ·	RK, NY 10150					G Gross receipts	\$	823,066.
	returr Applic				officer: LOWELL BRYA	M DDFCID	יבאיר		H(a) Is this a group r		Yes X No
	_ pendi	ng		X 1420, NEW Y		M, FRESID)EIN I		affiliates? H(b) Are all affiliates		Yes No
	Tau au			<u> </u>	-	10.17(.)(1)			• •		
		empt sta		501(c)(3) 501(c		4947(a)(1) o	r 527			a list. (see instruc	noris)
				CHFOUNDATION.C			1		H(c) Group exemptio		
				Corporation Trust	Association Other	<u> </u>	L Year of	formati	ion: 2004 M Sta	ate of legal dor	micile: CT
Рa	rt I	Sur	mmary								
	1				on or most significant activit						
ģ		TOUC	CH_FOUND	ATION, INC. IS	A SECULAR PUBL	IC CHARIT	Y THAT H	IELPS	S ADDRESS		
and		THE	HEALTH (CARE CAPACITY	IN TANZANIA, PR	ODUCING A	DEQUATE	NUMI	BERS OF		
ern		HEAI	TH WORK	ERS AND IMPLEM	MENTING HEALTH S	YSTEM IMPI	ROVEMENT	TS (S	SEE SCH O)		
Governance	2	Check	this box	if the organization	on discontinued its operati	ons or disposed	d of more tha	n 25%	of its net assets.		
⋖ŏ	3	Numb	er of voting r	nembers of the govern	ning body (Part VI, line 1a)					3	13.
ies	4	Numb	er of indeper	dent voting members	of the governing body (Pa	rt VI, line 1b)			4	ı	13.
Activities	5	Total ı	number of inc	dividuals employed in	calendar year 2011 (Part V	, line 2a)			5	5	14.
4ct	6			lunteers (estimate if ne					۱ ۵	3	5.
_	7a				om Part VIII, column (C), lii	ne 12					
					om Form 990-T, line 34 .						0
									Prior Year		ent Year
	8	Contri	hutions and	nrants (Part VIII line 1h	n)				2,535,495		794,512.
Jue	9	Progra	am service re	venue (Part VIII, line 20	[,] ,	COPY	FOR		2,333,133	0	7,51,512.
Revenue	10				, lines 3, 4, and 7d)		PECTION		2,431	<u> </u>	428.
æ									180,560	_	19,377.
	11				s 5, 6d, 8c, 9c, 10c, and 11				2,718,486	_	814,317.
	12				nust equal Part VIII, column					_	
	13	Grants	s and similar	amounts paid (Part IX,	column (A), lines 1-3)				914,457	•	212,149.
		Benef	its paid to or	for members (Part IX,	column (A), line 4)				1 200 210	0	
ses	15				benefits (Part IX, column (A				1,387,317	_	408,174.
ens	16a	Profes	ssional fundra	aising fees (Part IX, col	umn (A), line 11e)					0	
Expenses					nn (D), line 25)						
_					s 11a-11d, 11f-24f)				553,026		72,268.
			•	,	qual Part IX, column (A), lin				2,854,800		692,591.
	19	Reven	ue less expe	nses. Subtract line 18	from line 12				-136,314		121,726.
s or								Begin	ning of Current Yea		l of Year
Net Assets or Fund Balances	20	Total a	assets (Part X	(, line 16)					1,257,261	_	221,815.
d BS	21								388,990		231,818.
<u>§</u> ₹	22	Net as	ssets or fund	balances. Subtract lin	e 21 from line 20				868,271		989,997.
Pa	rt II	Siç	gnature Blo	ck							
Und	der per	alties o	f perjury, I decl	are that I have examined to	his return, including accompa officer) is based on all informa	nying schedules a	and statements	, and to	the best of my know	wledge and be	lief, it is true,
COI	ieci, ai	T COMP	Deciaralio	on or preparer (other than	onicer) is based on all informa	ation of which pre	parer rias arry	KIIOWIE	uge.		
S	ign										
Н	ere		Signature of of	fficer					Date		
			Type or print n	ame and title							
		<u> </u>	Type preparer's		Preparer's signature		Date		Check if	PTIN	
Paic	i	1	HODGK				8/14/	12	self- employed ▶		120019
Pre	parer	<u></u>		KPMG LLP				1		<u> </u>	
Use	Only		name 🕨		ENTIE NEW VODY Y	TV 10154 0	1102		Phone no. \triangleright 21		
1/101	, tha !!		address >		ENUE NEW YORK, N						
vıay	tne I	KS dis	cuss this reti	um with the preparer sl	nown above? (see instruction	лıs)				. X Ye	es No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Form 8868

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service 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 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. Name of exempt organization Employer identification number Type or TOUCH FOUNDATION, INC 20-1469976 print Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for P.O. Box 1420 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See Instructions. NEW YORK, NY 10150 Enter the Return code for the return that this application is for (file a separate application for each return) **Application Application** Return Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 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) Form 8870 06 12 • The books are in the care of ▶ KATARZYNÄ BIEZYCHUDEK **Telephone No.** ▶ 212-351-0721 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 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 $\,12\,$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 ► X tax year beginning 07/01 **, 20** 11 , and ending 09/30 _____, 20_11__. If the tax year entered in line 1 is for less than 12 months, check reason: I linitial return

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

X 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 \$

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 \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

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.

(Electronic Federal Tax Payment System). See instructions.

Form 8868 (Re	ev. 1-2012)					Page 2
If you are	e filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part II	and ch	eck this box	▶ X
Note. Only	complete Part II if you have already been gra	inted an au	itomatic 3-month extension	on a pr	eviously filed Form 886	68.
• If you are	filing for an Automatic 3-Month Extension,	complete (only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no	copies needed).	
			Er		's identifying number, s	
	Name of exempt organization or other filer, see in	nstructions.		En	nployer identification nur	mber (EIN) or
Type or						
print	TOUCH FOUNDATION, INC				20-1469976	
Eile huithe	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	So	ocial security number (SS	N)
File by the due date for	P.O. BOX 1420					
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ac	ldress, see instructions.			
instructions.	NEW YORK, NY 10150					
Enter the Re	eturn code for the return that this application	is for (file	a separate application for ea	ch retur	n)	0 1
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01				
Form 990-BI		02	Form 1041-A			08
Form 990-E2	······································	01	Form 4720	**		09
Form 990-Pf		04	Form 5227		-	10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870		-	12
	ot complete Part II if you were not already			sion on	a previously filed Fo	rm 8868.
	s are in the care of ▶ KATARZYNA BIEZ					
	No. ▶ 212-351-0721		FAX No. ▶		•	
	anization does not have an office or place of			s box	•	▶ □
	or a Group Return, enter the organization's for					
	e group, check this box					ttach a
	names and EINs of all members the extension		g. oup, once	• • • •		
	st an additional 3-month extension of time ur				20 12 .	
•	endar year, or other tax year beginni					20 11 .
	ax year entered in line 5 is for less than 12 m				Final return	
	hange in accounting period	0111110; 01100				
	n detail why you need the extension INFORI	иоттам	NECESSARY TO PREPA	RE A	COMPLETE AND	ACCURATE
	RN IS NOT YET AVAILABLE.				00:11 1111 1110 .	11000111111
RETO	10 10 111 111 1111111111111111111111111					
		-				
8a If this	application is for Form 990-BL, 990-PF, 99	0-T 4720	or 6069 enter the tenta	tive tax	x less any	
	indable credits. See instructions.	0 1, 1120	, or odder, enter the terms		8a \$	NONE
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refund	able ci		110112
4	ed tax payments made. Include any pri		·		7.000	
4.4	paid previously with Form 8868.	or your o	vorpaymont anowed as a	orcan	8b \$	NONE
	e Due. Subtract line 8b from line 8a. Include	VOUL DAVM	ent with this form if require	d by us		1101111
	onic Federal Tax Payment System). See instruc		cht with this form, il require	u, by u	8c \$	NONE
(Liecti c	Signature and Verifica		et he completed for Pa	et II o		140141
	of perjury, I declare that I have examined this form, i	ncluding acc	<u>-</u>			dge and belief,
cia tiue, correct,	and complete, and that I am authorized to prepare this for					
	John		Tu	a====	Date ▶ 5/14,	/12
Signature 🕨	NV		Title ►AUTHORIZED A	T.N.T.	Date -//	,

Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III 1 Briefly describe the organization's mission: TOUCH FOUNDATION, INC. IS A SECULAR PUBLIC CHARITY THAT HELPS ADDRESS THE HEALTH CARE CAPACITY IN TANZANIA, PRODUCING ADEQUATE NUMBERS OF HEALTH WORKERS AND IMPLEMENTING HEALTH SYSTEM IMPROVEMENTS. FOR MORE INFORMATION, SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program │Yes │X│No If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. **4a** (Code:) (Expenses \$ 471,644. including grants of \$ 212,149.) (Revenue \$ TOUCH FOUNDATION, INC. IS ASSISTING WITH THE CONSTRUCTION AND CONTINUOUS OPERATIONS OF A MEDICAL SCHOOL IN TANZANIA, THE BUGANDO UNIVERSITY COLLEGE OF HEALTH SCIENCES (BUCHS). BUCHS IS CURRENTLY SERVING APPROXIMATELY 1,175 MEDICAL STUDENTS. **4b** (Code: including grants of \$ **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 471,644.

3880DZ 2231 V 11-5 2429014 PAGE 2

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Part	Checklist of Required Schedules		V	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		37
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			Х
4.0	complete Schedule D, Part IV	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
-	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446	v	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	Х	
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13	21	
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
25 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L		234		- 21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		Х
0.0	If "Yes," complete Schedule L, Part I	230		- 1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		Х
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		Yes	. X No
1a Ento	r the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
	r the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	the organization comply with backup withholding rules for reportable payments to vendors and			
	rtable gaming (gambling) winnings to prize winners?	1c	Х	
	r the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	ements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	es," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	ny time during the calendar year, did the organization have an interest in, or a signature or other authority			
	, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	punt)?	4a	Х	
	es," enter the name of the foreign country: ATTACHMENT 1			
	instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	es" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	s the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	nization solicit any contributions that were not tax deductible?	6a		Х
	es," did the organization include with every solicitation an express statement that such contributions or			
	were not tax deductible?	6b		
	anizations that may receive deductible contributions under section 170(c).			
_	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	services provided to the payor?	7a	Х	
	es," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	ired to file Form 8282?	7c		X
d If "Y	es," indicate the number of Forms 8282 filed during the year			
e Did t	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
Spo	nsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
orga	unizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
orga	nization, have excess business holdings at any time during the year?	8		
Spo	nsoring organizations maintaining donor advised funds.			
a Did t	the organization make any taxable distributions under section 4966?	9a		
b Did t	the organization make a distribution to a donor, donor advisor, or related person?	9b		
	ion 501(c)(7) organizations. Enter:			
	tion fees and capital contributions included on Part VIII, line 12			
	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	ion 501(c)(12) organizations. Enter:			
	ss income from members or shareholders			
	s income from other sources (Do not net amounts due or paid to other sources			
	nst amounts due or received from them.)			
	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	es," enter the amount of tax-exempt interest received or accrued during the year 12b			
	ion 501(c)(29) qualified nonprofit health insurance issuers.			
	e organization licensed to issue qualified health plans in more than one state?	13a		
	e. See the instructions for additional information the organization must report on Schedule O.			
	r the amount of reserves the organization is required to maintain by the states in which			
	organization is licensed to issue qualified health plans 13b			
	r the amount of reserves on hand			
	he organization receive any payments for indoor tanning services during the tax year?	14a		X
	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
A 1.000		Form	990	
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Form **990** (2011)

TOUCH FOUNDATION INC. Form 990 (2011) 20-1469976 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Χ Section A. Governing Body and Management Nο 1a 13 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ Х 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website | X | Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

organization: ▶_{ALEXANDRINA RABADZISKA}, p 0 BOX 1420 NEW YORK, NY 10150 212-351-0721

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State the name, physical address, and telephone number of the person who possesses the books and records of the

20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WI3C)	organization and related organizations
(1) LOWELL BRYAN										
PRESIDENT & DIRECTOR	15.00	Х		Х					0	(
(2) RICHARD CASHIN										
DIRECTOR	1.00	Х							0	(
(3) KEVIN CURNIN										
DIRECTOR	10.00	Х						C	0	(
(4) CELIA FELSHER										
DIRECTOR	10.00	Х						C	0	(
(5) JANE FRASER										
DIRECTOR	1.00	Х						C	0	(
(6) MBAGO KANIKI										
DIRECTOR	1.00	Х						C	0	(
(7) ROBERT NIEHAUS										
DIRECTOR	1.00	Х						C	0	(
(8) RUPIN RAJANI										
DIRECTOR	1.00	X						C	0	(
(9) SALIM RAMJI										
DIRECTOR	1.00	X						C	0	(
(10) TOM TELES										
DIRECTOR	1.00	X						С	0	(
(11) MARCO SPINELLI										
DIRECTOR	1.00	X						С	0	(
(12) STEVE KELMAR										
DIRECTOR	1.00	X						C	0	(
_(13) CHARBEL TAGHER DIRECTOR	1.00	х						C	0	(
(14) LEE WELLS										
EXECUTIVE DIRECTOR	40.00			Х					0	(

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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees	(cont	inued)	
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	Pos heck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		(F) Estimate amount of other compensations them	of tion
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizati and relate organizatio	ion ed
5) STEVEN JUSTUS SENIOR VICE PRESIDENT	40.00			Х				0		0		C
6) KATARZYNA BIEZYCHUDEK												
TREASURER, VP AND CFO	40.00			Х				0		0		0
17) MEAGHAN JOHNSON VP & DIRECTOR OF HR/ADMIN	40.00			Х				0		0		0
18) DAVID LOWDEN SECRETARY	8.00			Х				0		0		0
19) ALEXANDRINA RABADZISKA												
MANAGING DIRECTOR	40.00			Х				0		0		0
1b Sub-total								0		0		0
c Total from continuation sheets to Part VII, Se	ection A						>	0		0		0
d Total (add lines 1b and 1c)	imited to t						o re	ceived more than	\$100,000 of	0		0
reportable compensation from the organization	▶	()								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,0	00?) If	"Yes	5, "	complete Schedu	le J for such		4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual		5	Х
Section B. Independent Contractors	•									'	· ·	
 Complete this table for your five highest components of compensation from the organization. Report of year. 											tax	
(A) Name and business add								(B) Description of se			(C) pensation	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Par	t VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c 1,720. Related organizations 1d Government grants (contributions)				
ğ ğ	h	Total. Add lines 1a-1f	794,512.			
nue		Business Code				
Program Service Revenue	2a b c d					
rog	f	All other program service revenue	_			
Ь	3	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts).	428.			428.
	4	Income from investment of tax-exempt bond proceeds	0			
	5 6a	Royalties (i) Real (ii) Personal Gross rents	0			
	b	Less: rental expenses				
	c d	Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$1,720. of contributions reported on line 1c).				
e	.	See Part IV, line 18 a 28,126. Less: direct expenses b 8,749.				
Ŧ	b	Net income or (loss) from fundraising events	19,377.			19,377.
J	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	<u> </u>	Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code	0			
	11a					
	b					
	C					
	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	814,317.			19,805.

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Part IX Statement of Functional Expenses

 $Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ must \ complete \ all \ columns. \ All \ other \ organizations \ must \ complete \ column \ (A) \ but \ are \ not$ required to complete columns (B), (C), and (D).

1091	Check if Schedule O contains a resp	oonse to any question in	n this Part IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	212,149.	212,149.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	164 255	FF 010	60 484	10 081
	trustees, and key employees	164,355.	75,910.	68,474.	19,971.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	114 655	41 220	40.004
7	Other salaries and wages	196,019.	114,657.	41,338.	40,024.
8	Pension plan accruals and contributions (include section	1 450	405	0.5.4	T.O.O.
-	401(k) and 403(b) employer contributions)	1,473.	427.	254.	792. 5,073.
9	Other employee benefits	14,870.	6,080.	3,717.	
10	Payroll taxes	31,457.	16,408.	9,702.	5,347.
11	Fees for services (non-employees):				
	Management	4 005		2 150	1 755
	Legal	4,905. 4,762.	2,230.	3,150. 1,353.	1,755. 1,179.
	Accounting	4,762.	2,230.	1,353.	1,179.
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	5,513.	2,807.	1,488.	1,218.
g		0,313.	2,007.	1,400.	1,210.
12	Advertising and promotion	16,133.	10,108.	2,589.	3,436.
13	Office expenses	0	10,100.	2,303.	3,130.
14 15	Information technology	0			
16	Royalties	0			
17	Travel	38,310.	30,766.	4,928.	2,616.
18	Payments of travel or entertainment expenses	30,3101	3377337	1/2201	2,010.
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,949.	102.	63.	1,784.
23	Insurance	696.		696.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	692,591.	471,644.	137,752.	83,195.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

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Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			70,526.	1	2,823.
	2	Savings and temporary cash investments			650,986.	2	368,698.
	3	Pledges and grants receivable, net			481,301.	3	807,529.
	4	Accounts receivable, net			C	4	0
	5	Receivables from current and former officers,	dire	ctors, trustees, key			
		employees, and highest compensated employe					
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of see employees' beneficiary organizations (see instruct	3), and contributing 501(c)(9) voluntary	C		0	
ets	7	Notes and loans receivable, net	C	7	0		
Assets	8	Inventories for sale or use		C	8	0	
_	9	Prepaid expenses and deferred charges			45,782.	9	36,048.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	97,264.			
	b	Less: accumulated depreciation	10b	90,547.	8,666.	10c	6,717.
	11	Investments - publicly traded securities				11	0
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		15	0		
	16	Total assets. Add lines 1 through 15 (must equal	1,257,261.	16	1,221,815.		
	17	Accounts payable and accrued expenses		61,030.	17	51,767.	
	18	Grants payable	237,692.	18	128,137.		
	19	Deferred revenue	90,268.	_	51,914.		
	20	Tax-exempt bond liabilities		20	0		
es	21	Escrow or custodial account liability. Complete	IV of Schedule D	C	21	0	
≣	22	Payables to current and former officers,		·			
Liabilities		employees, highest compensated employees, a					
_		Complete Part II of Schedule L				22	0
	23	Secured mortgages and notes payable to unrelate			C		0
	24	Unsecured notes and loans payable to unrelated			C	24	0
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		•			
		of Schedule D				25	0
_	26	Total liabilities. Add lines 17 through 25			388,990.	26	231,818.
Fund Balances		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	· > [X and complete			
au	27	Unrestricted net assets			27,446.	27	18,849.
Ba	28	Temporarily restricted net assets			840,825.	28	971,148.
pq	29	Permanently restricted net assets			C	29	0
or Fu		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ and			
ţ	30	Capital stock or trust principal, or current funds .				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne.	33	Total net assets or fund balances			868,271.	33	989,997.
	34	Total liabilities and net assets/fund balances	<u> </u>		1,257,261.	34	1,221,815.
_							F 000 (2244)

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Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI.......... 814,317. 1 1 692,591. 2 2 121,726. 3 3 868,271. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 5 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 989,997. **Financial Statements and Reporting** Part XII Check if Schedule O contains a response to any question in this Part XII No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Χ If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Χ

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name o	of the organization							Emplo	yer iden	tificati	on num	ber	
TOUC	H FOUNDATION INC					9976							
Part	Reason for Pub	lic Charity Statu	s (All organizations mւ	ıst cor	nplete	this pa	art.) Se	e instr	uctions				
The or	ganization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1 _	A church, convention	on of churches, or	association of churches	describ	ed in s	section	170(b)	(1)(A)(i)					
2 _	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3 _	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(b)(1)(A)	(iii).					
4	A medical researc	h organization op	erated in conjunction w	ith a h	nospita	ıl descr	ibed in	sectio	n 170(b)(1)(A)(iii).	Enter	· the
_	hospital's name, cit												
5	An organization op	perated for the be	nefit of a college or univ	ersity	owned	d or ope	erated I	by a go	vernme	ntal u	ınit de	scribe	ed in
_	section 170(b)(1)(
6		_	or governmental unit des										
7 2		-	es a substantial part of it	ts supp	ort fro	om a go	vernme	ental ur	it or fro	om th	e gene	ral p	ublic
	_ described in sectio												
8 _			on 170(b)(1)(A)(vi). (Con	•									
9		-	es: (1) more than 331/3%							-		_	
	•		exempt functions - sub	•				٠,					
			ome and unrelated busi				•		n 511	tax) f	rom b	usine	sses
			ne 30, 1975. See section			-		-					
10	_	-	ted exclusively to test for	•	-				-				
11 _		-	rated exclusively for the			-						-	
			ipported organizations de					-				e sec	tion
			es the type of supporting	_			-			¬~		No.	
	a Type I	b Type				nally inte	_		d		e III - C		l:¢:l
e		=	the organization is not			-		-	-			-	
	=		gers and other than one	or mo	re put	oliciy su	pporte	a organ	izations	aes	cribea	n se	ction
	509(a)(1) or section	` ' ' '		- IDC	414 :4	: T		Trans. II	T	- 111 -		4	
f	_		n determination from th	ie iks	ınaı ıı	is a i	ype i,	rype II,	or Type	e III s	suppor	ling	
~	organization, check		nization accepted any gif	 t or oo	ntribut	ion from		f the				!	
g	-	.006, nas the orga	nization accepted any gif	t or co	Hillibut	ion non	i any o	ıııe					
	following persons?	directly or indire	ectly controls, either alor	no or f	oaoth	or with	norcor	ne doec	ribad in	(ii)		Yes	No
			dy of the supported organ			CI WILLI	persor	is desc	iibeu iii	(11)	11g(i)	_	
		-	scribed in (i) above?	iization							11g(ii)		
			son described in (i) or (ii) a	hove?							11g(iii)	_	
h			out the supported organiz		٠						5()		
	Name of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did v	ou notify	(vi)	s the	(/ii) Amo	unt of	
	organization	(,	(described on lines 1-9	organi	zation in listed in	the orga	anization	organia	zation in	,	supp		
			above or IRC section (see instructions)	your g	overning ment?		. (i) of upport?		rganized U.S.?				
			(000	Yes	No	Yes	No	Yes	No				
(A)													
(D)													
(B)													
(0)													
(C)													
(D)													
(D)													
(E)													
(L)													
Total													

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2**

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	Sec	Section A. Public Support							
membership fees received. (Do not included my 'unusual grants')	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
organization's benefit and either paid to or expended on its behalf's. 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. 8 Corsos income from interest, dividends, payments received on securities loans, rents, reyalties 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 is regularly carried on. 11 Total support Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 13 First five years, if the Form 900 is for the organization of the charge for 2011 (line 6, column (f) divided by line 11, column (f)). 14 Public support percentage from 2010 Schedule A, Part II, line 14. 15 G2. 309 16 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 In Your support percentage from 2010 Schedule A, Part II, line 14. 18 J0%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported orga	1	membership fees received. (Do not	4,073,191.	4,862,144.	2,334,204.	2,535,496.	794,512.	14,599,547.	
Total. Add lines 1 through 3	2	organization's benefit and either paid							
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 6 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 4.,073,191. 4.,862,144. 2.,334,204. 2.,535,496. 794,512. 14,599,547 (f) 2016 (f) Total 5. (f) Tota	3	furnished by a governmental unit to the							
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2007 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2008 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support (a) 2008 (f) 2008 (c) 2009 (d) 2010 (e) 2011 (f) 799,547 (f) 2010	4	Total. Add lines 1 through 3	4,073,191.	4,862,144.	2,334,204.	2,535,496.	794,512.	14,599,547.	
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 4,073,191. 4,862,144. 2,334,204. 2,535,496. 794,512. 14,599,547 7 Amounts from line 4 4,073,191. 4,862,144. 2,334,204. 2,535,496. 794,512. 14,599,547 14,69,61,61,61,61,61,61,61,61,61,61,61,61,61,	5	each person (other than a governmental unit or publicly supported organization) included on							
Section B. Total Support Calendar year (or fiscal year beginning in) March March								5,244,412.	
Calendar year (or fiscal year beginning in) Amounts from line 4								9,355,135.	
Amounts from line 4		•••	(-) 0007	4-> 0000	(-) 0000	(-1) 0040	(-) 0044	(f) T-4-1	
Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on	_	, , , , , , , , , , , , , , , , , , , ,		, ,	. ,				
9 Net income from unrelated business activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
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 gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2010 Schedule A, Part II, line 14 16 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 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 quali	9	Net income from unrelated business activities, whether or not the business	112,123.	17,630.	1,051.	2,340.	428.	133,3/2.	
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets							
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						14,733,119.	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions) .				12	956,102.	
Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2010 Schedule A, Part II, line 14 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, 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.		organization, check this box and stop here							
Public support percentage from 2010 Schedule A, Part II, line 14 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	Sec		•	•				62.50	
16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ □				•					
this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	-						•		
b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	16a								
check this box and stop here. The organization qualifies as a publicly supported organization									
 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 	D		-						
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	172		•						
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	174								
organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		_			=	=	-	■ □	
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	h							and line	
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			•	•					
supported organization		_						-	
						_			
<u> </u>	18								
instructions	-	_							

Schedule A (Form 990 or 990-EZ) 2011

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Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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.)

	<u>'</u>						
	tion A. Public Support		410000	() 0000	(1) 0040	() 2011	(O.T.)
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			,	. ,	,	()
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
ь	,						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for	ŭ			•		` ` ` `
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,					15	%
16	Public support percentage from 2010 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (lin					17	%
18	Investment income percentage from 2010 S					18	%
19a	331/3% support tests - 2011. If the org	janization did n	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%, a	and line
	17 is not more than 331/3 %, check this	s box and sto r	p here . The org	anization qualifie	s as a publicly	supported organi	zation
b	331/3% support tests - 2010. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation ►
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions >

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Part IV Supplemental Information. Complete this part to 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

Schedule A (Form 990 or 990-EZ) 2011

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number Name of the organization TOUCH FOUNDATION INC. 20-1469976 Organization type (check one): Filers of: Section: Х Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** | X | For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \blacktriangleright \$_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 20-1469976

Part I	Contributors (see instructions).	Use duplic	cate copies c	of Part I if additional s	pace is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$199,707.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$125,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$125,000. (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	(b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number

			20-1469976
Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(Complete Part II if there is a noncash contribution.)

Employer identification number

20-1469976

Part II	Noncash Property	(see instructions).	. Use duplicate cop	pies of Part II if addition	al space is needed.
---------	-------------------------	---------------------	---------------------	-----------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ _		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 	

Employer identification number

20-1469976

NI -	duplicate copies of Part III if additi	That space is fleeded.				
) No. Fom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
			·			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om urt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	Relationship of transferor to transferee			

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization TOUCH FOUNDATION INC. 20-1469976 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2**

Par	t Organizations Maintaining	Collections of	Art, Histo	rical Tre	easures	, or Ot	her Similar A	ssets (c	continue	ed)	
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	other recor	ds, checl	k any of	the fo	llowing that a	re a sign	nificant (use c	of its
а	Public exhibition		d	Loa	n or exc	hange	programs				
b	Scholarly research		e	Oth							
C	Preservation for future general	ations									
4	Provide a description of the organizat		and evals	ain how t	they furt	her the	organization's	s evemnt	nurnos	e in	Part
	XIV.								puipos	oc III	rait
5	During the year, did the organization so							_	_		7
	assets to be sold to raise funds rather t										No
Par	t IV Escrow and Custodial Arrar line 9, or reported an amou	ngements. Cor nt on Form 990	nplete if t), Part X,	he orgar line 21.	nization	answe	ered "Yes" to I	orm 99	0, Part	IV,	
1a	Is the organization an agent, trustee, coincluded on Form 990, Part X?			-				_	Yes		No
h	If "Yes," explain the arrangement in Par								163] 140
D	ii res, explain the arrangement in Fai	it Aiv and compi	iete the foll	lowing tai	oie. F		Λ.	m ount			
_	Beginning balance				-	4	A	mount			
	Additions during the year					1c					
a					_						
e	Distributions during the year				_						
	Ending balance				_				1,4		٦
	Did the organization include an amoun		Part X, line	21?				L	Yes		No
	If "Yes," explain the arrangement in Par				W. / W.	_	000 D () /	1: 40			
Par	t V Endowment Funds. Comple								(-) =		
4.		(a) Current year	(b) Pric	or year	(C) I Wo	years ba	ck (d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the			e (line 1g,	column	(a)) held	d as:				
а	Board designated or quasi-endowment	-	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶_	%									
	The percentages in lines 2a, 2b, and 2d	c should equal 1	00%.								
3a	Are there endowment funds not in the	possession of the	ne organiza	ation that	are held	l and a	dministered for	the	_		
	organization by:								$\overline{}$	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz	ations listed as	required on	Schedule	e R?				3b		
4	Describe in Part XIV the intended uses	of the organizat	ion's endo	wment fu	nds.						
Par	t VI Land, Buildings, and Equipn	nent. See Forn	n 990, Pa	rt X, line	10.						
	Description of property	(a) Cost or (invest			or other bas other)	sis (c	Accumulated depreciation	(d	l) Book va	lue	
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				8,93	5.	7,412.			1,5	523.
_е	Other				88,32	9.	83,135.			5,1	L94.
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Forn	n 990, Part	X, columi	n (B), line	= 10(c).,) ▶			6,7	717.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	45		
Part IX	Other Assets. See Form 990, Part X, li			(h) Daalaaska
(4)	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		.	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book valu	Α	
	ral income taxes	(b) Book value		
(2)	ai income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
	ASC 740) Footpote In Part XIV provide the		the organization's financial statement	- that was a startle a

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 1E1270 1.000 TOUCH FOUNDATION INC.

Schedule D (Form 990) 2011 Page 4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	nte	r ago i
1	_	1	
2		2	
3		3	
4		4	
5		5	
6		6	
7	Prior period adjustments	7	
8		8	
9		9	
10		10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b	_	
C	Other losses 2c	_	
d	Other (Describe in Part XIV.)	-	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	
4			
a b	Other (Describe in Part XIV.) 4a 4b	-	
	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
	XIV Supplemental Information	. J	
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple iditional information.	IV, lines 1 te this par	b and 2b; rt to provide
SEE	PAGE 5		

Page 5

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS ALSO EXEMPT FROM NEW YORK AND CONNECTICUT INCOME TAXES UNDER THE RELATED STATE PROVISIONS. MANAGEMENT BELIEVES THAT THE FOUNDATION WILL CONTINUE TO BE EXEMPTED FROM TAX.

THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION 740, INCOME TAXES, WHICH ADDRESSES THE ACCOUNTING FOR, AND DISCLOSURE OF, UNCERTAIN TAX POSITIONS AND PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

V 11-5 2429014

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

► Attach to Form 990. ► See separate instructions.

Employer identification number

TOUCH F	FOUNDATION INC.	20-1469976
Part I	General Information on Activities Outside the United States. Complete if the or	ganization answered "Yes" to

;	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No										
	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use of its grants a	and other					
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region					
(1)	SUB-SAHARAN AFRICA	1.	4.	PROGRAM SERVICES	MEDICAL SCHOOL	358,712.					
(2)	SUB-SAHARAN AFRICA			GRANTMAKING		212,149.					
(3)	EUROPE	1.	2.	FUNDRAISING		68,450.					
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
3a b	Sub-total Total from continuation sheets to Part I	2.	6.			639,311.					
С	Totals (add lines 3a and 3b)	2.	6.			639,311.					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM' appraisal other)
				INFRASTRUCTU					,
			SUB-SAHARAN AFRICA	OPERATIONS	212,149.				
)									
)									
)									
)									
)									
)									
)									
Ente	r total number of recipien	t organizations listed abo	ve that are recognized a	is charities by the f	oreign country, reco	ognized as tax-e	xempt		

JSA

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Schedule F (Form 990) 2011 Page

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
_(3)							
_(4)							
_ (5)							
_(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

JSA

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Schedule F (Form 990) 2011
Part IV Foreign Forms

ган	i oreign i ornis			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X	No

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 Page 5

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING THE USE OF GRANT FUNDS

ONGOING ACTIVITIES OF THE UNIVERSITY.

SCHEDULE I, PART I, LINE 2

EXPENDITURE BUDGETS ARE PREPARED BY THE GRANTEE AND APPROVED BY THE BOARD OF DIRECTORS OF TOUCH FOUNDATION. EXPENDITURES IN EXCESS OF \$10,000 REQUIRE THE APPROVAL OF TWO SIGNATORIES, ONE OF WHICH MUST BE THE PRESIDENT OR TREASURER OF TOUCH FOUNDATION. GRANT FUNDS TO WEILL BUGANDO UNIVERSITY COLLEGE OF HEALTH SCIENCES ARE MONITORED THROUGH FINANCIAL REPORTS ON THE USE OF FUNDS. ON-THE-GROUND FOUNDATION STAFF OBSERVE THE

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

INAIIIC	or the organization					Linployer identification	
TOU	CH FOUNDATION INC.					20-1469976	
Par	Fundraising Activities. Com Form 990-EZ filers are not it				"Yes" to Form 9	990, Part IV, line	17.
1	Indicate whether the organization rais	<u> </u>			activities. Check a	all that apply.	
a	Mail solicitations	e		_	non-government g		
		f			government grant		
b						5	
C	Phone solicitations	g	Spec	ciai fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written or or key employees listed in Form 990.						Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	
1							
2							
3							
4							
6							
7							
8							
9							
10							
Total			1				
3	List all states in which the organizate registration or licensing.	ion is registered o	r licensed	I to solicit	contributions or	has been notified	it is exempt from
							

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Schedule G (Form 990 or 990-EZ) 2011

Page 2 Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 HUDSON TERRACE	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue		Gross receipts	29,846.			29,846
₩		Less: Charitable contributions	1,720.			1,720
		Gross income (line 1 minus line 2)	28,126.			28,126
	4	Cash prizes				
	5	Noncash prizes	4,410.			4,410
Expenses	6	Rent/facility costs	3,945.			3,945
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	394.			394
	10	Direct expense summary. Add lines 4	through 9 in column (d)			(8,749.)
	11	Net income summary. Combine line 3	3, column (d), and line 10)	>	19,377
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			()
	8	Net gaming income summary. Comb	ine line 1, column d, and	I line 7	<u> </u>	
	ls	nter the state(s) in which the organizat the organization licensed to operate g	gaming activities in each	of these states?		Yes No
b) If 	"No," explain:				
		ere any of the organization's gaming I	icenses revoked, suspe			• — —

TOUCH FOUNDATION INC.

Sched	lule G (Form 990 or 990-EZ) 2011		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year > \$		
Par			nis

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TOUCH FOUNDATION INC.

Employer identification number 20-1469976

OMB No. 1545-0047

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

TOUCH FOUNDATION, INC. IS A NOT-FOR-PROFIT, SECULAR PUBLIC CHARITY, THAT

BEGAN OPERATIONS IN AUGUST 2004 TO HELP ADDRESS THE HEALTH CARE CAPACITY

ISSUES IN TANZANIA. ITS OBJECTIVE IS TO ENABLE TANZANIANS TO PRODUCE

ADEQUATE NUMBERS OF HEALTH WORKERS AND IMPLEMENT HIGH PRIORITY HEALTH

SYSTEM IMPROVEMENTS. WHILE WORKING IN TANZANIA TO DEVELOP AND IMPLEMENT

AN EFFECTIVE APPROACH, TOUCH FOUNDATION, INC. IS COMMITTED TO COLLECTING,

CODIFYING, AND DISSEMINATING THE KNOWLEDGE GENERATED BY ITS WORK SO THAT

IT CAN BE USED TO REPLICATE THESE SOLUTIONS ELSEWHERE.

COMPENSATION

FORM 990, PART V, LINES 1 & 2 AND PART VII, SECTION A AND B

PART V, LINES 1 & 2, PART VII, SECTION A, COLUMNS (D), (E) AND (F), AND

PART VII, SECTION B HAVE BEEN LEFT BLANK. THE ORGANIZATION IS FILING A

SHORT YEAR RETURN IN WHICH THERE IS NO CALENDAR YEAR THAT ENDS WITHIN THE

SHORT YEAR, AND THE ORGANIZATION IS NOT FILING A FINAL RETURN. HOWEVER,

THE ORGANIZATION EMPLOYED 14 INDIVIDUALS IN CALENDAR YEAR 2011, AS

REFLECTED IN PART I, LINE 5.

RELATIONSHIPS

FORM 990, PART VI, LINE 2

KEVIN CURNIN IS A PARTNER AND DAVID LOWDEN IS A SPECIAL COUNSEL OF

V 11-5

STROOCK & STROOCK & LAVAN LLP.

Name of the organization

TOUCH FOUNDATION INC.

Employer identification number
20-1469976

FORM 990 REVIEW

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION AND IN CONSULTATION WITH TOUCH FOUNDATION STAFF MEMBERS. THE DRAFT PREPARED BY THE ACCOUNTING FIRM WAS THEN REVIEWED BY TOUCH FOUNDATION'S LEGAL COUNSEL AND BY THE FOUNDATION'S FINANCE, LEGAL AND AUDIT COMMITTEE. A COPY OF THE FORM WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

TOUCH FOUNDATION HAS A WELL ESTABLISHED CONFLICT OF INTEREST POLICY. ALL OF ITS DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW THE POLICY ANNUALLY AND COMPLETE A NOTIFICATION OF COMPLIANCE FORM. TOUCH FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS. ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

COMPENSATION REVIEW

FORM 990, PART VI, LINE 15A AND 15B

COMPENSATION FOR SENIOR MANAGEMENT IS DETERMINED AND APPROVED BY THE TOUCH FOUNDATION BOARD OF DIRECTORS ON THE RECOMMENDATION OF THE INDEPENDENT COMPENSATION COMMITTEE. NO INDIVIDUALS WITH A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETERMINATION PROCESS.

Name of the organization

TOUCH FOUNDATION INC.

Employer identification number
20-1469976

COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY

COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS IS PREPARED BY

THE ORGANIZATION AND REVIEWED BY THE COMPENSATION COMMITTEE AND THE BOARD

OF DIRECTORS. THE MINUTES OF THE BOARD OF DIRECTORS AND THE COMPENSATION

COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED WITH THE BOARD'S AND

COMMITTEE'S DELIBERATIONS AND DECISIONS REGARDING COMPENSATION.

AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

TOUCH FOUNDATION DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.TOUCHFOUNDATION.ORG.

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12A AND PART XII LINE 2B

TOUCH FOUNDATION CHANGED ITS FISCAL YEAR END FROM JUNE 30 TO SEPTEMBER 30

EFFECTIVE SEPTEMBER 30, 2011. THE CHANGE RESULTED IN A TRANSITION

15-MONTH FISCAL YEAR, AND THEREFORE, A SEPARATE AUDITED FINANCIAL

STATEMENT WAS NOT ISSUED FOR THE THREE MONTHS ENDED SEPTEMBER 30, 2011.

AN AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF

ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

TANZANIA

UNITED KINGDOM

Schedule O (Form 990 or 990-EZ) 2011 Page **2**

Name of the organization

TOUCH FOUNDATION INC.

Employer identification number

20-1469976

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

 ${\tt AL}, {\tt AK}, {\tt AZ}, {\tt AR}, {\tt CA}, {\tt CO}, {\tt CT},$

FL, GA, IL, KS, KY, ME, MD, MA, MI,

 ${\tt MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,}$

RI, SC, TN, UT, VA, WA, WV, WI,