

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

TOSTAN, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2121 DECATUR PLACE, N.W.

Room/suite

City, town, or post office, state, and ZIP code

WASHINGTON, DC 20008

F Name and address of principal officer: **JENNIFER B. HEDRICK**

SAME AS C ABOVE

D Employer identification number

98-0118876

E Telephone number

(202) 299-1156

G Gross receipts \$ **10,432,408.**

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.TOSTAN.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1991** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	34
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,025,287.	10,381,587.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,117.	9,648.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,426.	41,173.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,040,830.	10,432,408.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	403,520.	403,173.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,785,664.	3,432,304.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 185,243.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,896,802.	3,965,065.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,085,986.	7,800,542.
	19 Revenue less expenses. Subtract line 18 from line 12	954,844.	2,631,866.
	20 Total assets (Part X, line 16)	7,886,733.	9,774,347.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	290,437.	397,699.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,596,296.	9,376,648.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **JENNIFER B. HEDRICK, CHIEF OPERATING OFFICER** Date **11/14/13**

Paid Preparer Use Only

Print/Type preparer's name DAVID F. GRALING CPA	Preparer's signature <i>David F. Graling</i> CPA	Date 11-13-13	Check if self-employed <input type="checkbox"/>	PTIN P 00366995
Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission:

TO EMPOWER AFRICAN COMMUNITIES TO BRING ABOUT SUSTAINABLE DEVELOPMENT AND POSITIVE SOCIAL TRANSFORMATION BASED ON RESPECT FOR HUMAN RIGHTS.

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 ☒ 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 services? ☐ Yes ☒ 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 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 \$ 6,402,521. including grants of \$ 403,173.) (Revenue \$)

TOSTAN PROVIDES A HUMAN RIGHTS-BASED PARTICIPATORY EDUCATION PROGRAM TO AFRICANS WHO HAVE LITTLE OR NO ACCESS TO FORMAL SCHOOLING. TOSTAN WORKS IN MOSTLY RURAL REGIONS TO PROMOTE COMMUNITY GOALS RELATED TO HEALTH AND HYGIENE, HUMAN RIGHTS AND DEMOCRACY, THE ENVIRONMENT, AND ECONOMIC DEVELOPMENT. THROUGH ITS HOLISTIC 30-MONTH COMMUNITY EMPOWERMENT PROGRAM (CEP), TOSTAN DIRECTLY EDUCATES THOUSANDS OF PARTICIPANTS IN DOZENS OF LOCAL LANGUAGES EACH YEAR. TOSTAN'S PROGRAMS INDIRECTLY AFFECT MILLIONS OF AFRICANS THROUGH THE INNOVATIVE USE OF EXTENDED COMMUNITY NETWORKS AND OUTREACH ACTIVITIES TO SPREAD COMMUNITY-LED SOCIAL CHANGE. TOSTAN'S LOCAL, REGIONAL, AND NATIONAL STAFF IS SUPPORTED BY TOSTAN'S INTERNATIONAL OFFICE IN DAKAR, SENEGAL AND THE US OFFICE IN WASHINGTON, DC. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 **6,402,521.**

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
c 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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 and XII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input checked="" type="checkbox"/>	
16 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2012)

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

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	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f 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	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	N/A
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2012)

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.

Check if Schedule O contains a response to any question in this Part VI

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7 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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 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 9	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
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 with a taxable entity during the year? 16a		X
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? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **DE**

18 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 ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
TIANARISOA RAKOTOVELO - (202) 299-1156
VDN ET ROUTE DE AEROPORT, BP, DAKAR-YOUFF 29371, SENEGAL

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								72,000.	0.	27,222.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								72,000.	0.	27,222.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,039,057.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,342,530.				
	g Noncash contributions included in lines 1a-1f: \$		1,056.				
	h Total. Add lines 1a-1f		10,381,587.				
	Business Code						
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Business Code						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,648.			9,648.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a MISCELLANEOUS	900099	41,173.			41,173.	
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d		41,173.					
12 Total revenue. See instructions.		10,432,408.	0.	0.	50,821.		

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	403,173.	403,173.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,222.	59,533.	29,767.	9,922.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,786,572.	2,330,701.	388,843.	67,028.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,720.	159,878.	27,077.	4,765.
9 Other employee benefits	270,462.	230,844.	34,594.	5,024.
10 Payroll taxes	84,328.	70,030.	12,108.	2,190.
11 Fees for services (non-employees):				
a Management				
b Legal	2,665.	2,162.	426.	77.
c Accounting	77,155.	64,584.	10,728.	1,843.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	486,200.	394,463.	77,687.	14,050.
12 Advertising and promotion				
13 Office expenses	645,397.	500,192.	123,021.	22,184.
14 Information technology	6,361.	5,325.	884.	152.
15 Royalties				
16 Occupancy	53,049.	44,406.	7,376.	1,267.
17 Travel	188,923.	72,638.	93,804.	22,481.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,721.	16,220.	30,501.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	40,761.	34,120.	5,667.	974.
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.)				
a COMMUNITY MEETINGS/TRAI	1,123,343.	1,123,343.		
b FACILITIES & EQUIPMENT	843,003.	674,378.	142,800.	25,825.
c TRAINING CENTER	134,444.		134,444.	
d BAD DEBT EXPENSE	50,000.		50,000.	
e All other expenses	267,043.	216,531.	43,051.	7,461.
25 Total functional expenses. Add lines 1 through 24e	7,800,542.	6,402,521.	1,212,778.	185,243.
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)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,666,084.	1	5,108,363.
	2 Savings and temporary cash investments	556,878.	2	50,436.
	3 Pledges and grants receivable, net	2,571,047.	3	3,716,712.
	4 Accounts receivable, net	130,971.	4	86,682.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,340.	9	14,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,301,989.		
	b Less: accumulated depreciation	10b 558,989.	10c	
	11 Investments - publicly traded securities	902,404.	11	743,000.
	12 Investments - other securities. See Part IV, line 11	34,801.	12	41,285.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,208.	15	13,177.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,886,733.	16	9,774,347.	
Liabilities	17 Accounts payable and accrued expenses	290,437.	17	397,699.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	290,437.	26	397,699.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,259,622.	27	1,051,201.
	28 Temporarily restricted net assets	5,336,674.	28	8,325,447.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,596,296.	33	9,376,648.
34 Total liabilities and net assets/fund balances	7,886,733.	34	9,774,347.	

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,432,408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,800,542.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,631,866.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,596,296.
5	Net unrealized gains (losses) on investments	5	5,428.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-856,942.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,376,648.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2012)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule 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

2012

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

Organization type (check one):

Filers of:

Section:

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

☐ 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 ▶ \$ _____

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).

LHA 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) (2012)

Name of organization

Employer identification number

TOSTAN, INC.

98-0118876

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>2,059,464.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>158,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>279,813.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>101,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>1,454,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TOSTAN, INC.

98-0118876

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 164,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 149,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 584,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TOSTAN, INC.

98-0118876

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 31,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 308,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 98,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 66,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TOSTAN, INC.**98-0118876****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ <u>380,837.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>20</u>		\$ <u>111,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>21</u>		\$ <u>324,748.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>22</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>23</u>		\$ <u>278,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>24</u>		\$ <u>931,169.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TOSTAN, INC.

98-0118876

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 753,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

98-0118876

[illegible]

Name of organization

Employer identification number

TOSTAN, INC.**98-0118876****Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

CMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 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 conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 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)? ☐ Yes ☐ No

9 In Part XIII, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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 XIII, the text of the footnote to its financial statements that describes these items.

b 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:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 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:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		298,573.		298,573.
b Buildings				
c Leasehold improvements		451,750.	101,264.	350,486.
d Equipment		551,666.	457,725.	93,941.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				743,000.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,303,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,428.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,428.
3	Subtract line 2e from line 1	3	10,297,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	134,444.
c	Add lines 4a and 4b	4c	134,444.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,432,408.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,666,098.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,666,098.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	134,444.
c	Add lines 4a and 4b	4c	134,444.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,800,542.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FOR THE YEAR ENDED DECEMBER 31, 2012, TOSTAN HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

THREE YEARS AFTER IT IS FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON TRAINING CENTER OPERATIONS NETTED AGAINST REVENUE 134,444.
ON THE FINANCIAL STATEMENTS AND INCLUDED AS EXPENSE ON FORM 990, PART IX.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON TRAINING CENTER OPERATIONS NETTED AGAINST REVENUE 134,444.
ON THE FINANCIAL STATEMENTS AND INCLUDED AS EXPENSE ON FORM 990, PART IX.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**

► **Attach to Form 990 or Form 990-EZ.**

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.
If you need more space, use Part II

SEE PART II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

YES NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

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

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

TOSTAN HAS A RACIALLY NONDISCRIMINATORY POLICY IN PLACE,
HOWEVER, BECAUSE THE ORGANIZATION ONLY WORKS IN AFRICA, THE
COMMUNITY IT SERVES IS AFRICAN, AS ARE 99% OF ITS EMPLOYEES.
ADDITIONALLY, THE ORGANIZATION'S EDUCATION EFFORTS WITHIN
COMMUNITIES ARE ON-GOING AND THERE IS NOT SPECIFIC
SOLICITATION OR REGISTRATION PERIOD.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

DURING 2012, TOSTAN RECEIVED \$2,039,057 OF NON-U.S. GOVERNMENT ASSISTANCE.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

Employer identification number

TOSTAN, INC.**98-0118876****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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
<u>SUB-SAHARAN AFRICA</u>	<u>7</u>	<u>860</u>	<u>PROGRAM SERVICE ACTIVITIES</u>	<u>COMMUNITY EMPOWERMENT PROGRAMS</u>	<u>5,776,208.</u>
<u>MIDDLE EAST AND NORTH AFRICA</u>	<u>1</u>	<u>10</u>	<u>PROGRAM SERVICE ACTIVITIES</u>	<u>COMMUNITY EMPOWERMENT PROGRAMS</u>	<u>174,978.</u>
<u>SUB-SAHARAN AFRICA</u>	<u>1</u>	<u>50</u>	<u>MANAGEMENT & GENERAL</u>		<u>1,069,120.</u>
<u>EUROPE</u>	<u>1</u>	<u>2</u>	<u>GRANTS TO RECIPIENTS LOCATED IN THE REGION</u>		<u>101,147.</u>
<u>SUB-SAHARAN AFRICA</u>	<u>0</u>	<u>0</u>	<u>GRANT</u>		<u>301,351.</u>
<u>MIDDLE EAST AND NORTH AFRICA</u>	<u>0</u>	<u>0</u>	<u>GRANT</u>		<u>675.</u>
3 a Sub-total	10	922			7,423,479.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	10	922			7,423,479.

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

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 of valuation (book, FMV, appraisal, other)
			EUROPE	PROGRAM AND GENERAL SUPPORT	101,147.	WIRE	0.		
			SUB-SAHARAN AFRICA	PROGRAM	301,351.	CHECK	0.		
			MIDDLE EAST AND NORTH AFRICA	PROGRAM	675.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **2**

Part IV Foreign Forms

- 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 ☐ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2012

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.

SCHEDULE F, PART I, LINE 2: TOSTAN PROVIDES A CONTRACT WITH THE GRANTEE.

THE CONTRACT DEFINES THE SCOPE OF THE PROJECT, THE BUDGET, PAYMENT

SCHEDULE. THE GRANTEE IS ALSO REQUIRED TO PROVIDE DETAILED EXPENSE

REPORTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2012 TOSTAN OPERATED IN 8 COUNTRIES:

DJIBOUTI: TOSTAN WORKED WITH 29 COMMUNITIES, WITH A TOTAL OF 582 CLASS PARTICIPANTS, REACHING APPROXIMATELY 46,400 PEOPLE THROUGH ORGANIZED DIFFUSION.

GUINEA: TOSTAN WORKED WITH 76 COMMUNITIES, WITH A TOTAL OF 4,304 CLASS PARTICIPANTS REACHING APPROXIMATELY 121,600 PEOPLE THROUGH ORGANIZED DIFFUSION.

GUINEA-BISSAU: TOSTAN WORKED WITH 39 COMMUNITIES, WITH A TOTAL OF 3,793 CLASS PARTICIPANTS REACHING APPROXIMATELY 62,400 PEOPLE THROUGH ORGANIZED DIFFUSION.

MALI: TOSTAN WORKED WITH 38 COMMUNITIES, WITH A TOTAL OF 2,224 CLASS PARTICIPANTS REACHING APPROXIMATELY 60,800 PEOPLE THROUGH ORGANIZED DIFFUSION.

MAURITANIA: TOSTAN WORKED WITH 30 COMMUNITIES, WITH A TOTAL OF 1,810 CLASS PARTICIPANTS REACHING APPROXIMATELY 48,000 PEOPLE THROUGH ORGANIZED DIFFUSION.

SENEGAL: TOSTAN WORKED WITH 276 COMMUNITIES, WITH A TOTAL OF 15,460 CLASS PARTICIPANTS REACHING APPROXIMATELY 441,600 PEOPLE THROUGH

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

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

232211
01-04-13

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

ORGANIZED DIFFUSION.

SOMALIA: TOSTAN WORKED WITH 42 COMMUNITIES, WITH A TOTAL OF 2,140 CLASS PARTICIPANTS REACHING APPROXIMATELY 67,200 PEOPLE THROUGH ORGANIZED DIFFUSION.

THE GAMBIA: TOSTAN WORKED WITH 63 COMMUNITIES, WITH A TOTAL OF 8,041 CLASS PARTICIPANTS REACHING APPROXIMATELY 100,800 PEOPLE THROUGH ORGANIZED DIFFUSION.

TOTAL NUMBER OF CLASS PARTICIPANTS IN 2012: 38,354 IN 593 AFRICAN COMMUNITIES.

TOTAL NUMBER OF PEOPLE REACHED THROUGH ORGANIZED DIFFUSION IN 2012: APPROXIMATELY 948,800

COMMUNITY EMPOWERMENT PROGRAM (CEP): OUR UNIQUE THREE-YEAR PROGRAM EMPOWERS COMMUNITY MEMBERS IN SIX WEST AFRICAN AND TWO EAST AFRICAN COUNTRIES WITH THE SKILLS AND KNOWLEDGE THEY NEED TO LEAD THEIR OWN DEVELOPMENT. THE COMMUNITY EMPOWERMENT PROGRAM (CEP) IS A NON-FORMAL EDUCATION PROGRAM, BASED ON HUMAN RIGHTS AND IS IMPLEMENTED IN 22 LOCAL LANGUAGES. IT COMBINES MODERN EDUCATION TECHNIQUES WITH TRADITIONAL AFRICAN ORAL TEACHING METHODS AND IS UNDERPINNED BY A RESPECTFUL APPROACH TO LOCAL BELIEFS AND CULTURE.

IMPACT AREAS: OUR WORK USES A HOLISTIC APPROACH FOR COMMUNITY-LED DEVELOPMENT, AND OUR IMPACTS ARE FOUND ACROSS FIVE KEY AREAS:

GOVERNANCE, EDUCATION, HEALTH, ENVIRONMENT, AND ECONOMIC GROWTH, EACH

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

ELABORATED UPON BELOW:

GOVERNANCE: CEP PARTICIPANTS LEARN ABOUT THE FUNDAMENTAL ELEMENTS OF DEMOCRACY, THEIR HUMAN RIGHTS, AND THE RESPONSIBILITIES ASSOCIATED WITH DEFENDING AND RESPECTING THOSE RIGHTS.

IN 2012, 593 COMMUNITIES WERE PARTICIPATING IN THE CEP ACROSS THE COUNTRIES IN WHICH WE WORK. EACH COMMUNITY DEMOCRATICALLY SELECTS 17 MEMBERS TO FORM A COMMUNITY MANAGEMENT COMMITTEE WHO ARE TRAINED IN THE SKILLS NECESSARY TO IMPLEMENT PROJECTS IN THEIR COMMUNITIES. THESE COMMITTEES BECOME A STRONG LEADERSHIP PRESENCE IN TOSTAN COMMUNITIES, CONTRIBUTING TO THE GROWTH OF GOOD GOVERNANCE AND DEMOCRACY. THEY WORK TO INCREASE DEMOCRATIC PARTICIPATION BY ENCOURAGING RESIDENTS TO REGISTER TO VOTE AND PARTICIPATE IN NATIONAL ELECTIONS AND BY HELPING THEM OBTAIN NATIONAL IDENTITY CARDS AND REGISTER BIRTHS.

THE PARTICIPATION AND LEADERSHIP OF WOMEN IN CMCS IS HIGHLY ENCOURAGED, AND IN 2012, 100% OF CMCS IN GUINEA-BISSAU, MALI, SENEGAL, AND SOMALIA HAD A MAJORITY OF FEMALE MEMBERS. THESE WOMEN EMERGE AS COMMUNITY LEADERS, ACTIVISTS, AND ROLE MODELS, SHOWING YOUNG GIRLS AND BOYS ALIKE THAT WOMEN CAN SUCCEED IN LEADERSHIP ROLES AND WORK ALONGSIDE MEN AS EQUALS.

EDUCATION: COMMUNITY MANAGEMENT COMMITTEES (CMC) ORGANIZED DURING THE CEP LEAD INITIATIVES THAT ENSURE GIRLS AND BOYS ARE ENROLLED IN SCHOOL. WHEN A FAMILY IS CONSIDERING REMOVING THEIR CHILD FROM SCHOOL, CMC MEMBERS MEET WITH THEM TO DISCUSS OTHER POSSIBLE SOLUTIONS. IN GUINEA-BISSAU, FOR EXAMPLE, 703 CHILDREN WERE REGISTERED FOR SCHOOL IN

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

2012 BY CMCS. IF THERE ARE NO PUBLIC SCHOOLS IN THE AREA, THEY PETITION THE LOCAL GOVERNMENT TO BUILD ONE.

CHILD/FORCED MARRIAGE IS ONE PRACTICE THAT IS A KEY FACTOR IN DETERMINING WHETHER A GIRL WILL STAY IN SCHOOL. FOLLOWING THEIR PARTICIPATION IN OUR HOLISTIC PROGRAM, 296 COMMUNITIES ACROSS THE COUNTRIES IN WHICH WE WORK PLEDGED TO ABANDON CHILD/FORCED MARRIAGE IN 2012, BRINGING THE TOTAL NUMBER TO OVER 6,000. AS A RESULT, THOUSANDS OF GIRLS ARE LIKELY TO HAVE THE OPPORTUNITY TO STAY IN SCHOOL FOR LONGER, RATHER THAN BE MARRIED AT A YOUNG AGE.

IN THE FINAL MODULE OF THE CEP, THE AAWDE, PARTICIPANTS LEARN TO READ AND WRITE IN THEIR LOCAL LANGUAGES, AS WELL AS BASIC MATH SKILLS. LEARNING HOW TO SEND AND RECEIVE SMS TEXT MESSAGES THROUGH THE MOBILE PHONES FOR LITERACY AND DEVELOPMENT (MPLD) MODULE, DESCRIBED BELOW, ENCOURAGES PARTICIPANTS TO PRACTICE AND SHARE THEIR NEWLY ACQUIRED LITERACY SKILLS.

2012 ALSO SAW THE PILOT OF OUR NEW REINFORCEMENT OF PARENTAL PRACTICES MODULE, FUNDED BY THE ROBERT AND FLORA HEWLETT FOUNDATION. THIS MODULE BUILDS ON KNOWLEDGE GAINED DURING THE CEP TO ENABLE PARENTS AND COMMUNITIES TO CREATE AN ENVIRONMENT WHICH SUPPORTS CHILDREN'S EARLY DEVELOPMENT AND LEARNING IN ORDER TO BETTER PREPARE THEM FOR SUCCESS IN SCHOOL AND LIFE.

HEALTH: DURING THE CEP, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO BE FREE FROM ALL FORMS OF VIOLENCE, ABOUT HYGIENE AND HOW DISEASES ARE SPREAD AND PREVENTED. THEY ALSO DISCUSS THE HEALTH

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

RISKS OF HARMFUL PRACTICES SUCH AS FEMALE GENITAL CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

THE CEP ENCOURAGES COMMUNITY MEMBERS TO SHARE THE KNOWLEDGE THEY GAIN ABOUT HEALTH AND HUMAN RIGHTS WITH THEIR SOCIAL NETWORKS AND COMMUNITIES OFTEN LAUNCH SPECIFIC INITIATIVES TO IMPROVE CHILD AND MATERNAL HEALTH IN THEIR VILLAGES. IN THE GAMBIA, FOR EXAMPLE, 95% OF WOMEN IN PARTNER COMMUNITIES NOW SEEK REGULAR PRENATAL CARE.

COMMUNITIES RAISE AWARENESS ON THE IMPORTANCE OF VACCINATIONS AS WELL AS TAKING ACTION TO IMPROVE COMMUNITY HYGIENE AND PREVENTING DISEASES SUCH AS MALARIA. IN 2012, OVER 3,900 HEALTH RELATED AWARENESS RAISING ACTIVITIES WERE LED BY PARTNER COMMUNITIES TO SPREAD THIS INFORMATION.

ENVIRONMENT: OUR COMMUNITY EMPOWERMENT PROGRAM (CEP) EQUIPS COMMUNITY MEMBERS WITH THE KNOWLEDGE AND SKILLS TO FIND CREATIVE AND SUSTAINABLE SOLUTIONS TO ENVIRONMENTAL PROBLEMS. DURING THE CEP, PARTICIPANTS LEARN HOW DISEASES ARE TRANSMITTED AND HOW THIS IS LINKED TO UNHYGIENIC PRACTICES THAT CAN POLLUTE THE ENVIRONMENT. OUR RESPECTFUL AND NON-JUDGMENTAL APPROACH PROMOTES COMMUNITY DISCUSSION ABOUT THE ENVIRONMENT. AS A RESULT, COMMUNITIES LEAD INITIATIVES TO MAKE THEIR ENVIRONMENTS MORE HYGIENIC IN ORDER TO PROTECT THE COMMUNITY'S HEALTH.

COMMUNITIES ALSO USE THEIR PROBLEM SOLVING SKILLS TO IMPLEMENT ENVIRONMENTAL INITIATIVES TO ADDRESS THEIR PARTICULAR NEEDS. IN MAURITANIA, MANY COMMUNITIES ARE THREATENED BY DESERTIFICATION. THE 30 PARTNER COMMUNITIES IN THE COUNTRY BUILT 346 IMPROVED WOOD-BURNING STOVES, WHICH REQUIRE LESS OF THE PRECIOUS WOOD FUEL THAN TRADITIONAL STOVES.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

ECONOMIC GROWTH: THE FINAL PHASE OF THE CEP, THE AAWDE, INCLUDES CLASS SESSIONS ON BASIC LITERACY, MATH, PROJECT MANAGEMENT, AND BUDGETING SKILLS THAT HELP PARTICIPANTS SUCCESSFULLY PLAN AND LAUNCH SMALL BUSINESSES IN THEIR COMMUNITIES.

WE ALSO PROVIDE SMALL COMMUNITY DEVELOPMENT GRANTS TO COMMUNITY MANAGEMENT COMMITTEES (CMC). THE CMCS OFTEN USE THESE GRANTS TO ESTABLISH A ROTATING MICROCREDIT FUND THAT HELPS COMMUNITY MEMBERS, PARTICULARLY WOMEN, WITH THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMC ALSO ENCOURAGES COMMUNITY MEMBERS TO SAVE AND PLAN FOR THE FUTURE.

CROSS-CUTTING ISSUES: IN ADDITION, OUR WORK ADDRESSES FOUR CROSS-CUTTING THEMES, WHICH ARE IMPORTANT FOR COMMUNITY WELL-BEING. THESE ISSUES ARE CHILD PROTECTION, THE REINFORCEMENT OF PARENTAL PRACTICES, THE EMPOWERMENT OF WOMEN AND GIRLS, AND FEMALE GENITAL CUTTING. WE BELIEVE THAT THESE CROSS-CUTTING ISSUES REQUIRE HOLISTIC AND HUMAN RIGHTS-BASED SOLUTIONS, AND OUR PROGRAM AIMS TO STRENGTHEN POSITIVE SOCIAL NORMS WHILE ADDRESSING THOSE WHICH LEAD TO HARMFUL PRACTICES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

FEMALE GENITAL CUTTING (FGC): THE HUMAN RIGHTS-BASED CEP ALLOWS COMMUNITY MEMBERS TO DRAW THEIR OWN CONCLUSIONS ABOUT FGC AND LEAD THEIR OWN MOVEMENTS FOR CHANGE. IN THE CEP CLASS SESSIONS ON HUMAN RIGHTS, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

BE FREE FROM ALL FORMS OF VIOLENCE. THEY ALSO DISCUSS THE RESPONSIBILITIES THEY SHARE TO PROTECT THESE RIGHTS IN THEIR COMMUNITY. IN SESSIONS ON HEALTH, THEY LEARN ABOUT THE POTENTIAL, IMMEDIATE, AND LONG-TERM HARMFUL CONSEQUENCES OF THE PRACTICE AND DISCUSS WAYS TO PREVENT THESE HEALTH PROBLEMS IN THE FUTURE.

RATHER THAN BLAMING OR CRITICIZING, WE ENCOURAGE DIALOGUE AROUND THESE AND OTHER PRACTICES THAT COMMUNITIES FEEL HINDER THEIR VISION FOR THEIR COMMUNITY'S DEVELOPMENT. PARTICIPANTS AND COMMUNITY MANAGEMENT COMMITTEE (CMC) MEMBERS SPEAK WITH FRIENDS AND FAMILY AS WELL AS TRAVEL TO OTHER COMMUNITIES TO RAISE AWARENESS ABOUT WHAT THEY HAVE LEARNED. THROUGH THIS PROCESS, MANY COMMUNITIES DECIDE TO END FGC TOGETHER, SOME WITHOUT HAVING DIRECTLY PARTICIPATED IN OUR CLASSES. IN 2012, A TOTAL OF 286 COMMUNITIES TOOK THIS STEP TO ABANDON THE PRACTICE.

CHILD PROTECTION: THROUGH OUR CEP MODULE ON CHILD PROTECTION, COMMUNITY MANAGEMENT COMMITTEES ARE TRAINED TO ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT NEGATIVELY AFFECT CHILDREN. THE CHILD PROTECTION MODULE TRAINING IS FOR CMC MEMBERS IN COMMUNITIES THAT HAVE IMPLEMENTED THE CEP. THE MODULE HELPS BUILD CONSENSUS AROUND HUMAN RIGHTS AND CHILDREN'S RIGHTS WHILE BUILDING AWARENESS OF THE VARIOUS MORAL, SOCIAL, AND LEGAL NORMS THAT AFFECT CHILDREN. INSTEAD OF FOCUSING ON IMMEDIATE RELIEF, THE MODULE HELPS COMMUNITIES ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT ARE AT THE SOURCE OF THESE ISSUES AFFECTING CHILDREN. IT EMPHASIZES THE IMPORTANCE OF EDUCATION AND INTRODUCES IDEAS FOR HOW COMMUNITIES CAN WORK TOGETHER TO PROTECT THEIR CHILDREN.

THE CHILD PROTECTION MODULE STRENGTHENS THE CAPACITY OF COMMUNITIES TO

232212
01-04-13

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

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

PROVIDE PROTECTION FOR CHILDREN AND PREVENT VIOLATIONS OF CHILDREN'S RIGHTS BY REINFORCING THE CAPACITIES OF COMMUNITIES AND THEIR SURROUNDING VILLAGES TO IDENTIFY AT-RISK CHILDREN, REINFORCING THE CAPACITIES OF COMMUNITIES TO PREVENT THE TRAFFICKING OR MIGRATION OF CHILDREN TO URBAN CENTERS, REINFORCING THE CAPACITIES OF COMMUNITIES TO HELP CHILDREN IN DIFFICULT SITUATIONS SUCH AS SEXUAL ABUSE, INCEST, FORCED MARRIAGE AND FEMALE GENITAL CUTTING, AND FOSTERING THE CREATION OF DYNAMIC AND FUNCTIONAL COMMISSIONS FOR CHILD PROTECTION IN ALL COMMUNITIES. ALL COMMUNITIES WHO PARTICIPATE IN THE CEP, SPECIFICALLY THE COMMUNITY MANAGEMENT COMMITTEES, RECEIVE THE CHILD PROTECTION MODULE TRAINING. IN 2012, 393 OF THE 593 COMMUNITIES PARTICIPATING IN THE THREE YEAR CEP WERE TRAINED IN CHILD PROTECTION.

AFTER THE TRAINING, CMCS ESTABLISH COMMISSIONS FOR CHILD PROTECTION (CCPS), WHICH LEAD THE COMMUNITY IN ADVOCATING FOR CHILDREN'S RIGHTS AND TRANSFORMING EXISTING SOCIAL NORMS THAT SUSTAIN HARMFUL PRACTICES. IN GUINEA-BISSAU, FOR EXAMPLE 5,414 CHILDREN HAVE BEEN REGISTERED AT BIRTH BY CMCS, IMPROVING THEIR ACCESS TO SCHOOL AND LEGAL RECOGNITION. IN ADDITION TO LEADING THESE COMMUNITY-WIDE PROJECTS, CMCS ALSO INTERVENE DIRECTLY IN CASES OF CHILD ABUSE.

EARLY CHILDHOOD DEVELOPMENT: IN ORDER TO ADDRESS THIS ISSUE, WE ARE INCORPORATING THE REINFORCEMENT OF PARENTAL PRACTICES (RPP) MODULE INTO OUR CEP. THE RPP MODULE CONDUCTED A SUCCESSFUL PILOT PROGRAM IN 2012 AHEAD OF ITS PROJECTED LAUNCH IN MARCH 2013. THE MODULE AIMS TO REINFORCE KNOWLEDGE GAINED IN THE CEP THAT ENCOURAGES PARENTS AND OTHER COMMUNITY MEMBERS TO CREATE AN ENVIRONMENT FOR CHILDREN'S DEVELOPMENT.

AS A RESULT, THE MODULE WILL HELP IMPROVE CHILDREN'S EARLY DEVELOPMENT

232212
01-04-13

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

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

AND LEARNING, ALLOWING THEM TO PERFORM BETTER AND STAY IN SCHOOL.

RESEARCH HAS SHOWN THAT CERTAIN SOCIAL NORMS AND TRADITIONAL PRACTICES IN SENEGAL CAN HINDER THE BRAIN DEVELOPMENT OF INFANTS. FOR EXAMPLE, THE BELIEF THAT INFANTS MUST BE PROTECTED FROM DANGEROUS SPIRITS: TO PROTECT THEM CERTAIN PARENTS AVOID LOOKING NEWBORN BABIES IN THE EYE AND SPEAKING REGULARLY AND DIRECTLY TO THEM. HOWEVER, RECENT DISCOVERIES ABOUT BRAIN DEVELOPMENT IN YOUNG CHILDREN HAVE SHOWN THE IMPORTANCE OF STIMULATING INTERACTIONS BETWEEN PARENTS AND THEIR CHILDREN.

DURING THE RPP MODULE, FACILITATORS SHARE WITH COMMUNITY MEMBERS SIMPLE TECHNIQUES THAT ENRICH INTERACTIONS BETWEEN PARENTS AND THEIR YOUNG CHILDREN AND ARE ALL LINKED TO CHILDREN'S BASIC HUMAN RIGHTS TO EDUCATION AND HEALTH. THESE TECHNIQUES INCLUDE SPEAKING TO THEIR YOUNG CHILDREN USING A RICH AND COMPLEX VOCABULARY, ASKING THEIR CHILDREN QUESTIONS AND HELPING THEM RESPOND, PLAYFULLY COPYING THEIR CHILDREN, TELLING THEM STORIES, AND DESCRIBING OBJECTS IN DETAIL TO THEM.

THIS MODULE WILL BE IMPLEMENTED IN 200 WOLOF, PULAAR, AND MANDINKA COMMUNITIES IN FIVE REGIONS OF SENEGAL.

EMPOWERMENT OF WOMEN AND GIRLS: WOMEN AND GIRLS MAKE UP MORE THAN HALF OF OUR CEP PARTICIPANTS. DURING OUR PROGRAM, WOMEN DEVELOP LEADERSHIP SKILLS, ENGAGE IN DIALOGUE, AND DEMONSTRATE THEIR ABILITY TO MAKE IMPORTANT DECISIONS FOR THEMSELVES AND THEIR FAMILIES, SHOWING HOW IMPORTANT THEY ARE TO THEIR COMMUNITY'S DEVELOPMENT.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

WE ALSO WORK TO ENGAGE MEN AND BOYS IN THE CEP, ENCOURAGING THEM TO PARTICIPATE IN DISCUSSIONS ABOUT HUMAN RIGHTS. MEN AND WOMEN WORK TOGETHER TO PROMOTE EQUALITY AND DEVELOP NEW SOCIAL NORMS AROUND RESPECTING THE HUMAN RIGHTS AND DIGNITY OF WOMEN AND GIRLS AND MEN AND BOYS.

WE ENCOURAGE WOMEN TO TAKE ON LEADERSHIP ROLES IN THEIR COMMUNITIES. IN 2012, 100% OF CMCS IN GUINEA-BISSAU, MALI, SENEGAL, AND SOMALIA HAD A MAJORITY OF FEMALE MEMBERS.

COMMUNITY MANAGEMENT COMMITTEES (CMCS): AS PART OF THE CEP, EACH PARTICIPATING COMMUNITY DEMOCRATICALLY SELECTS A COMMUNITY MANAGEMENT COMMITTEE (CMC) TO COORDINATE DEVELOPMENT ACTIVITIES. EACH CMC HAS 17 MEMBERS, NINE OF WHOM MUST BE WOMEN. EACH COMMITTEE IS MADE UP OF SEVERAL COMMISSIONS, INCLUDING HEALTH, ENVIRONMENT, CHILD PROTECTION, EDUCATION, INCOME-GENERATING ACTIVITIES, AND SOCIAL MOBILIZATION, WHICH CONTINUE TO LEAD DEVELOPMENT ACTIVITIES AND PROMOTE HUMAN RIGHTS-BASED DEVELOPMENT LONG AFTER THE PROGRAM HAS FINISHED.

ORGANIZED DIFFUSION: THROUGH ORGANIZED DIFFUSION, THE IMPACT OF THE TOSTAN PROGRAM IS MULTIPLIED. EACH CLASS MEMBER COMMITS TO SHARING THEIR KNOWLEDGE WITH AT LEAST ONE PERSON WITHIN THEIR FAMILY AND WIDER COMMUNITY, PERMITTING NEW IDEAS TO BE SPREAD QUICKLY THROUGH THE COMMUNITY AND BEYOND. EACH PARTNER COMMUNITY ADOPTS ANOTHER COMMUNITY WITHIN THEIR SOCIAL NETWORK, OPENING DIALOGUE AND ALLOWING NEIGHBORING OR INTRAMARRYING COMMUNITIES TO MAKE DECISIONS AS ONE GROUP. OUR WORK OFTEN STRETCHES ACROSS COUNTRY BORDERS TO CREATE IMPACTS ON A REGIONAL SCALE, SUCH AS THE INTERNATIONAL MOVEMENT TO ABANDON FEMALE GENITAL

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

COMMUNITY GRANTS: COMMUNITY DEVELOPMENT GRANTS ARE SMALL GRANTS, USUALLY BETWEEN \$300 AND \$1,000, PROVIDED TO CMCS TO HELP FUND COMMUNITY DEVELOPMENT PROJECTS AS WELL AS TO ESTABLISH CMC-RUN MICROCREDIT FUNDS.

THE ROTATING MICROCREDIT FUNDS SET UP BY THE CMCS HELP VILLAGERS, PARTICULARLY WOMEN, OBTAIN THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMC OPERATE THE MICROCREDIT FUND BASED ON A GROUP-LENDING, REVOLVING-FUNDS SYSTEM. THE CMC WORKS TOGETHER TO SET THE INTEREST RATE AND THE LENGTH OF THE LOANS THEY WILL GRANT. STRONG COMMUNITY TIES HELP ENCOURAGE A HIGH REPAYMENT RATE. THE INTEREST FROM THESE FUNDS IS THEN USED TO EXPAND THE NUMBER OF LOANS AVAILABLE, UNDERTAKE COMMUNITY PROJECTS, OR ESTABLISH A SOLIDARITY FUND FOR CHILDREN'S EDUCATIONAL EXPENSES AND EMERGENCY MEDICAL NEEDS.

COMMUNITY DEVELOPMENT GRANTS GIVE CMCS AND INDIVIDUAL COMMUNITY MEMBERS THE OPPORTUNITY TO PUT THE LITERACY, NUMERACY, AND PROJECT MANAGEMENT KNOWLEDGE THEY GAINED DURING THE CEP INTO PRACTICE. THE GRANTS PROVIDE A WAY FOR COMMUNITY MEMBERS TO PARTICIPATE IN INCOME-GENERATING ACTIVITIES, ALLOWING THEM TO PROVIDE FOR THEIR FAMILIES AND SUSTAINABLY INVEST IN THEIR COMMUNITIES.

EMPOWERED COMMUNITIES NETWORK (ECN): THE EMPOWERED COMMUNITY NETWORK (ECN) HAS BEEN SET UP TO SUPPORT COMMUNITIES TO PARTNER WITH OTHER ORGANIZATIONS ON DEVELOPMENT INITIATIVES. THROUGH THE ECN, WE CONNECT

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

TRAINED CMCS WITH NONPROFIT PARTNERS, MICROFINANCE INSTITUTIONS, BUSINESSES, GOVERNMENT AUTHORITIES, AND OTHER SERVICE PROVIDERS SO THEY CAN ACCESS RESOURCES AND FUNDING TO CONTINUE THEIR COMMUNITY-LED DEVELOPMENT PROJECTS. THE ECN ALSO ASSISTS CMCS TO FORM FEDERATIONS AND WORK TOGETHER ON DEVELOPMENT PROJECTS, ENSURING THE SUSTAINABILITY OF THE CEP.

MOBILE PHONE FOR LITERACY AND DEVELOPMENT (MPLD) MODULE: THE MOBILE PHONE FOR LITERACY AND DEVELOPMENT MODULE FOCUSES ON USING MOBILE PHONE TECHNOLOGY, SPECIFICALLY SMS TEXT MESSAGING, AS A TOOL TO REINFORCE LITERACY AND NUMERACY SKILLS, AND IS NOW AN INTEGRATED PART OF THE CEP. MOBILE PHONES AND THEIR NETWORKS ARE BECOMING INCREASINGLY MORE PREVALENT IN THE COMMUNITIES WITH WHICH WE PARTNER. WE FOUND THAT USING MOBILE PHONE TECHNOLOGY IS A RELEVANT AND INNOVATIVE WAY TO REINFORCE LITERACY AND NUMERACY SKILLS LEARNED IN THE CEP. TOSTAN FACILITATORS TEACH PARTICIPANTS THE PRACTICAL USES OF STANDARD MOBILE PHONE FUNCTIONS AND HOW SMS TEXTING CAN BE USED AS A TOOL TO PRACTICE THEIR LITERACY SKILLS. THE MOBILE PHONES ARE USED TO REINFORCE LITERACY, ORGANIZATION, AND MANAGEMENT SKILLS, AS WELL AS TO BUILD CONSENSUS AROUND LOCAL DEVELOPMENT INITIATIVES.

SMS TEXTING BECOMES A SUSTAINABLE AND RELEVANT OPTION FOR REINFORCING LITERACY AND NUMERACY AS ACCESS TO MOBILE PHONE TECHNOLOGY INCREASES. MOBILE PHONES AND SMS TEXT MESSAGING CAN BE USED AS A TOOL TO ACCELERATE POSITIVE SOCIAL TRANSFORMATION. THEY CONNECT WOMEN WITH EACH OTHER AND WITH THEIR COMMUNITIES; AMPLIFY THE VOICE AND INFLUENCE OF YOUTH AND MARGINALIZED GROUPS IN A COMMUNITY'S DECISION-MAKING PROCESS;

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

PROVIDE A PLATFORM FOR EXCHANGING INFORMATION, BROADCASTING IDEAS, AND ORGANIZING ADVOCACY WORK; AND ACCELERATE LARGE-SCALE SOCIAL MOVEMENTS.

THE PEACE AND SECURITY PROJECT: THE PEACE AND SECURITY PROJECT WORKS TO STRENGTHEN AND SUPPORT THE GRASSROOTS STRATEGY OF COMMUNITY-LED DEVELOPMENT FOUND IN THE CEP TO IMPROVE PEACE AND SECURITY IN THE WEST AFRICAN REGION. IT FOCUSES ON BUILDING WAYS TO OVERCOME BARRIERS THAT LIMIT AN INDIVIDUAL'S ABILITY TO DEVELOP THROUGH COLLABORATION AT THE LOCAL, REGIONAL, AND NATIONAL LEVEL.

THE PEACE AND SECURITY PROJECT FIRST STRENGTHENS PEACE-BUILDING AT THE COMMUNITY LEVEL BY REINFORCING THE PREVENTION OF VIOLENCE SKILLS LEARNED IN THE CEP. THESE SKILLS INCLUDE IMPROVED COMMUNICATION AND PROBLEM-SOLVING SKILLS AS WELL AS THE PEACEFUL RESOLUTION OF COMMUNITY AND FAMILIAL CONFLICTS. THE PROJECT ALSO WORKS TO DEVELOP STRATEGIES FOR FOSTERING PEACE AND SECURITY ACROSS SOCIAL NETWORKS THROUGH RESEARCH AND COLLABORATION. THE PEACE AND SECURITY PROJECT IS CURRENTLY RESEARCHING THE FUNCTION AND NATURE OF MAJOR SOCIAL NETWORKS IN SENEGAL, GUINEA, AND GUINEA-BISSAU. IT ALSO WORKS TO CONNECT GRASSROOTS COMMUNITIES AND THEIR SOCIAL NETWORKS WITH REGIONAL AND INTERNATIONAL INSTITUTIONS. WITH THIS INCREASED COLLABORATION, REGIONS AND NATIONS AS A WHOLE CAN WORK TOGETHER TO IDENTIFY BARRIERS TO THE PEACE AND SECURITY OF THEIR AREA AND CREATE SOLUTIONS THAT WILL OVERCOME THOSE BARRIERS.

THE PEACE AND SECURITY PROJECT CONDUCTED PRELIMINARY RESEARCH IN 2012, WAS LAUNCHED FORMALLY LAUNCHED IN MARCH 2013 IN 60 COMMUNITIES SPREAD ACROSS GUINEA-BISSAU, SENEGAL AND THE GAMBIA.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

THE SOLAR POWER! PROJECT: THE SOLAR POWER! PROJECT LAUNCHED IN 2009 IN COLLABORATION WITH THE BAREFOOT COLLEGE IN INDIA, AND IT AIMS TO ADDRESS THE ISSUE OF LIMITED ACCESS TO ELECTRICITY BY EMPOWERING RURAL COMMUNITIES ACROSS AFRICA WITH THE SKILLS TO PROVIDE LOW-COST AND SUSTAINABLE ELECTRICITY FOR THEMSELVES. MANY RURAL COMMUNITIES WITH WHICH WE PARTNER ARE NOT CONNECTED TO THEIR COUNTRY'S ELECTRICAL INFRASTRUCTURE. WITHOUT ACCESS TO ELECTRICITY COMMUNITY MEMBERS' PRODUCTIVITY IS LIMITED BY THE HOURS OF DAYLIGHT.

THROUGH THE SOLAR POWER! PROJECT, WE SPONSOR WOMEN FROM RURAL AFRICAN COMMUNITIES TO ATTEND THE BAREFOOT COLLEGE IN INDIA, WHERE THEY COMPLETE A SIX-MONTH TRAINING PROGRAM IN SOLAR ELECTRICAL ENGINEERING. THE COMPREHENSIVE TRAINING PROVIDES PARTICIPANTS WITH THE KNOWLEDGE AND SKILLS TO INSTALL, MAINTAIN, AND REPAIR SOLAR PANELS. BACK IN THEIR HOME VILLAGES, EACH SOLAR ENGINEER INSTALLS ONE SOLAR UNIT IN AT LEAST 50 HOMES, PROVIDING EACH FAMILY WITH A FIXED LAMP, A BRIGHT SOLAR LANTERN, AN LED FLASHLIGHT, AND A PLUG FOR CHARGING MOBILE PHONES. EACH PARTICIPANT ALSO TRAINS WOMEN FROM NEIGHBORING RURAL COMMUNITIES IN SOLAR ELECTRICAL ENGINEERING, SPREADING THE IMPACT OF THE PROGRAM AND PROVIDING EACH ENGINEER WITH A MEANS OF INCOME.

THE SOLAR POWER! PROJECT PROVIDES RURAL COMMUNITIES WITH ACCESS TO A CLEAN AND RENEWABLE ENERGY SOURCE, ALLOWING FOR GREATER ENVIRONMENTAL SUSTAINABILITY. THE PROJECT ALSO ALLOWS WOMEN TO EMERGE AS LEADERS AND ENTREPRENEURS IN THEIR COMMUNITIES. THROUGH THEIR TRAINING, THEY BUILD A MARKETABLE SKILL SET AND THE ABILITY TO SHARE THEIR KNOWLEDGE WITH

OTHERS.

232212
01-04-13

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

IN 2012, WE HAD TRAINED FEMALE SOLAR ENGINEERS WHO ARE BRINGING ELECTRICITY AND OPPORTUNITIES FOR COMMUNITY DEVELOPMENT TO THEIR VILLAGES IN DJIBOUTI, GUINEA-BISSAU, SENEGAL.

THE PRISON PROJECT: THE PRISON PROJECT AIMS TO HELP DETAINEES REINTEGRATE BACK INTO THEIR COMMUNITIES THROUGH PARTICIPATION IN A MODIFIED VERSION OF THE CEP. PARTICIPATION BUILDS THEIR KNOWLEDGE OF HUMAN RIGHTS AND EQUIPS THEM WITH PRACTICAL SKILLS TO START INCOME-GENERATING ACTIVITIES. WE ALSO FACILITATE FAMILY MEDIATIONS TO HELP INTEGRATE FORMER DETAINEES BACK INTO THEIR COMMUNITIES UPON RELEASE.

AN INTERNATIONAL AGREEMENT ADDRESSING PRISON CONDITIONS IN AFRICA ALLOWS PRISONS TO FORM PARTNERSHIPS WITH ORGANIZATIONS AND NGOS LIKE TOSTAN TO PROVIDE REHABILITATION SERVICES. THESE SERVICES ENCOURAGE SUCCESSFUL REINTEGRATION OF PRISONERS INTO SOCIETY UPON THEIR RELEASE. AS PART OF THE MODIFIED VERSION OF THE CEP WE IMPLEMENT IN PRISONS, FACILITATORS LEAD CLASS DISCUSSIONS ON TOPICS INCLUDING HUMAN RIGHTS EDUCATION, PROBLEM SOLVING, HYGIENE, HEALTH, AND LITERACY, AS WELL AS PROVIDE FAMILY MEDIATION AND SKILL TRAININGS IN PROJECT MANAGEMENT AND INCOME-GENERATING ACTIVITIES. UPON RELEASE, PARTICIPANTS ALSO HAVE ACCESS TO START-UP FUNDS FOR THE ESTABLISHMENT OF SMALL BUSINESSES. THE REVENUE GENERATED FROM THE SKILLS TRAININGS AND ECONOMIC ACTIVITIES OF THE PRISONERS WHO ARE STILL IMPRISONED MAKE THESE FUNDS POSSIBLE.

THE PRISON PROJECT IS CURRENTLY BEING IMPLEMENTED IN FIVE MEN'S AND WOMEN'S PRISONS IN DAKAR, THIES, AND RUFISQUE, SENEGAL. THE

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

PARTICIPANTS ARE PREDOMINATELY WOMEN.

RECOGNITION:

TOSTAN CONTINUED TO GET HIGH-LEVEL RECOGNITION FOR ITS WORK IN 2012.

TOSTAN RECEIVED A 4-STAR RATING FROM CHARITY NAVIGATOR FOR THE FOURTH CONSECUTIVE YEAR AND WAS NAMED ONE OF THE TOP 100 BEST NGOS BY THE GLOBAL JOURNAL. ADDITIONALLY, TOSTAN RECEIVED IN 2012 THE CECILIA ATTIAS FOUNDATION FOR WOMEN "AWARD IN ACTION" FOR IMPROVING HEALTH SYSTEMS AND MATERNAL CARE.

2012 AND BEYOND: FUTURE PERSPECTIVES.

TOSTAN'S STRATEGIC PLAN 2010-2015 SETS A CLEAR OVERALL GOAL OF REACHING 3,000 NEW COMMUNITIES BY 2015 WHILE REINFORCING BOTH THE TOSTAN ORGANIZATION AND ITS PROGRAMS. OVERALL, CURRENT PROJECTIONS SHOW OUR MAIN GOAL OF REACHING 3,000 COMMUNITIES WITH THE CEP BY 2015 REMAINS FEASIBLE BUT CHALLENGING. THE LOCATION OF THESE COMMUNITIES IS LIKELY TO INCLUDE FEWER NEW COUNTRIES AND MORE CURRENT COUNTRIES THAN INITIALLY PLANNED AS WE HAVE NOT YET FOUND IDEAL CONDITIONS FOR ADDING COUNTRIES. OPERATIONALLY, WE HAVE COMPLETELY TRANSFORMED OUR GOVERNANCE, HUMAN RESOURCE, AND FINANCE SYSTEMS, AND GONE SOME WAY IN DEVELOPING OUR COMMUNICATIONS SYSTEMS, AS WELL AS OTHER SIGNIFICANT PARTS OF OUR INFRASTRUCTURE. WE HAVE ALSO MADE IMPORTANT STRIDES IN OUR TRAINING, MONITORING AND EVALUATION, AND PROGRAMMING CAPACITIES. OUR MOST URGENT CHALLENGE IS TO FINISH BUILDING UP OUR RESOURCE DEVELOPMENT AND FUNDRAISING SYSTEMS, WHICH WILL BE INTEGRAL TO REACHING OUR OBJECTIVES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

232212
01-04-13

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

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

MALI, GUINEA, GUINEA-BISSAU, DJIBOUTI,

GAMBIA, MAURITANIA, SENEGAL, SOMALIA

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. A DRAFT OF THE RETURN WAS REVIEWED BY SENIOR MANAGEMENT AND AUDIT COMMITTEE. THE FINAL FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND BOARD MEMBERS ARE ASKED TO ANNUALLY SUBMIT ANY CONFLICTS OF INTEREST IN WRITING. NEW HIRES WILL BE ASKED IF THERE IS A CONFLICT AND NOTICE WILL BE GIVEN TO THE SENIOR MANAGEMENT IMMEDIATELY AND BOARD YEARLY. IF A CONFLICT ARISES, THE BOARD OF DIRECTORS DETERMINE WHETHER THE CONFLICT EXISTS AND, IF SO, THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS.

BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS. VOTES WILL BE BY A MAJORITY VOTE, WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER WILL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING TOSTAN'S RESOURCES (I.E., TRANSACTIONS SUCH AS PURCHASES CONTRACTS) - WHO ALSO STANDS TO BENEFIT FROM THAT DECISION - HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); S/HE WILL NOT PARTICIPATE IN ANY FINAL DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD COMMITTEE REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY RECOMMENDATIONS FOR SENIOR STAFF SALARIES. THE PROCESS IS DOCUMENTED. A REVIEW WAS LAST CONDUCTED IN MARCH 2012.

THE BOARD COMMITTEE ALSO REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY RECOMMENDATIONS FOR THE KEY EMPLOYEES SALARIES. THE PROCESS IS DOCUMENTED. TOSTAN'S COMPENSATION POLICY IS TO PAY AT THE 25TH PERCENTILE OF THE MARKET FOR SENIOR MANAGEMENT AND TOWARDS THE 75TH PERCENTILE FOR THE ALMOST 1,000 AFRICAN STAFF MEMBERS IN THE FIELD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
MOLLY MELCHING - BP 29371, DAKAR, YOFF, SENEGAL

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EXCHANGE RATE LOSS -288,255.

DEOBLIGATION OF RESTRICTED AWARDS -524,968.

232212
01-04-13

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

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

REFUND OF RESTRICTED FUNDS TO DONORS

-43,719.

TOTAL TO FORM 990, PART XI, LINE 9

-856,942.

FORM 990, PART 1 LINE 5 AND PART V, LINE 2A:

THE ORGANIZATION ALSO HAS ADDITIONAL STAFF OF 920 LOCATED IN AFRICA.