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Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash savings and investments | 6,105 | 22 26,056 |
| 23 Land and buildings | 0 | 23 0 |
| 24 Other assets (describe in Schedule O) <i>See schedule O</i> | 6,105 | 24 (3,355) |
| 25 Total assets | 6,105 | 25 32,161 |
| 26 Total liabilities (describe in Schedule O) <i>See Schedule O</i> | 6,105 | 26 29,411 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 6,105 | 27 2,750 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? *Religious activities*

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner describe the services provided the number of persons benefited and other relevant information for each program title

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

| | | | |
|----|--|-----|---------------|
| 28 | <i>See schedule O</i> | | |
| 29 | (Grants \$ <i>6,870</i>) If this amount includes foreign grants check here <input checked="" type="checkbox"/> | 28a | <i>6,870</i> |
| 30 | (Grants \$ <i>18,000</i>) If this amount includes foreign grants check here <input checked="" type="checkbox"/> | 29a | <i>18,000</i> |
| 31 | (Grants \$ <i>3,544</i>) If this amount includes foreign grants check here <input checked="" type="checkbox"/> | 30a | <i>3,544</i> |
| 31 | (Grants \$) If this amount includes foreign grants check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | <i>28,414</i> |

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter -0) | (d) Health benefits contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| <i>Nathan Loucks 2564 US Highway 20, South Bend, IN 46628</i> | <i>President less than 1/2 hr/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Filip Dlogeanu Str Cozia nr 2, Bl FA, Sect. Ap 27 Bucuresti, Romania 032733</i> | <i>Executive Dir 5-10 hrs/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Nicoleta Voicu/ESCU 6123 N Moody St Chicago, IL 60646</i> | <i>Treasurer 4-6 hr/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Jeff E Biddle Jr 2391 Savary Dr Charleston, WV 25312</i> | <i>Secretary/Board Member 0 hr/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Mike Ely 23520 Vally View Dr Southfield, MI 48033</i> | <i>Board Member 0 hrs/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Jeremy Johnson 240 Hilldale Rd Villanova, PA 19085</i> | <i>Board Member 0 hrs/wk</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| | | | | |
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| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|-----|--|--|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise explain the change on Schedule O (see instructions) | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b | If Yes to line 35a, has the organization filed a Form 990-T for the year? If No provide an explanation in Schedule O | | X |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a | Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b | If Yes complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts included on line 9 for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, or section 4955 | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes complete Schedule L, Part I | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| e | All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886-T | 40e | X |
| 41 | List the states with which a copy of this return is filed | ILLINOIS | |
| 42a | The organization's books are in care of | NICOLETA VOICULESCU Telephone no. (773) 774-2883 | |
| | Located at | 6123 N Moody St #1, Chicago, IL 60646-3806 ZIP + 4 | |
| b | At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | X |
| | If Yes enter the name of the foreign country | | |
| | See the instructions for exceptions and filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts | | |
| c | At any time during the calendar year did the organization maintain an office outside the U.S.? | 42c | X |
| | If Yes enter the name of the foreign country | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | 0 |
| 44a | Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b | Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d | If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | X |

| | | |
|--|-----|----|
| | Yes | No |
| 46 Did the organization engage directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If Yes complete Schedule C Part I | 46 | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables for lines 50 and 51

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

| | | |
|--|-----|----|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes complete Schedule C Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If Yes was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none enter None

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none enter None

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

| | | |
|------------------|---|------------------|
| Sign Here | Signature of officer <i>Nicoleta Voiculescu</i> | Date 09-19-13 |
| | Type or print name and title NICOLETA VOICULESCU - TREASURER | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

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

SCHEDULE A
(Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

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

M3 ROMANIA

Employer identification number

27-2939056

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

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

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

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

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

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.) | | | 1,565 | 20,463 | 26,056 | 48,084 |
| 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. | | | 1,565 | 20,463 | 26,056 | 48,084 |
| 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 | | | 1,565 | 20,463 | 26,056 | 48,084 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | 15¢ | 50¢ | 1.43 | 2 |
| 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. | | | | | | 48,086 |

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**

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.
- 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.
- 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.
- 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.
- 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.

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.

Part IV **Supplemental Information** Complete this part to provide the explanations required by Part II line 10, Part II line 17a or 17b, and Part III line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

M3 ROMANIA

Employer identification number
27-2939056

| | |
|-------------------------------------|--------|
| Part I Revenue Line 8 other revenue | Amount |
| Interest income (\$143) | \$ 0 |

Part I Expenses Line 10

| | |
|---|-----------|
| Conferences expenses, project which fulfill religious & charitable purposes work-shops, films, camps, etc | \$ 6,870 |
| "Tinere pentru Tinere" parteneriat | \$ 18,000 |
| Total Line 10 | \$ 24,870 |

Part I Expenses Line 16

| | |
|------------------------------------|----------|
| Project approved by Board | \$ 1,000 |
| Speakers expenses - Board approved | \$ 350 |
| Speaker air fair Board approval | \$ 1,044 |
| Board approval - Apple computer | \$ 1,150 |
| Total Line 16 | \$ 3,544 |

Part II other assets Line 24

| | Beginning year | End year |
|-------------------------------|----------------|----------|
| Carried from last year (2011) | \$ 6,105 | |
| Balance at end of 2012 | | (3,355) |

Part II Liabilities Line 26

| | Beginning year | End year |
|---------------------|----------------|-----------|
| Balance end of 2011 | \$ 6,105 | |
| Expenses | | \$ 24,870 |
| Board approved | | \$ 3,544 |
| Website | | \$ 717 |
| Miscellaneous | | \$ 280 |

Name of the organization

M3 ROMANIA

Employer identification number

27-2939056

Total Liabilities Line 26

| Beginning year | End year |
|----------------|-----------|
| \$ 6,105 | \$ 29,411 |

Part III Program Service Accomplishments Line 28

Conferences expenses, religious & charitable

projects, work shops, films, camps, etc Total \$ 6,870

Part III Program Service Accomplishments Line 29

"Tinere pentru Tinere" a similar-minded non-profit organization to whom we have mutual partnership relations

Total \$ 18,000

Part III Program Service Accomplishments Line 30

Project approved by Board \$ 1,000

Board approved - Speaker air fair \$ 1,044

Board approved - Speaker's other expenses \$ 350

Board approved - Apple computer \$ 1,150

Total Line 30 \$ 3,544