



Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1</b>	For calendar year 2023 or tax year beginning _____, ending _____	<b>2023</b>
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Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

**Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN**

1 This report is for calendar year ended 12 2023  
 Amended  Prior report BSA Identifier \_\_\_\_\_  
 Reason if filing late \_\_\_\_\_

**Part I - Filer Information**

2 Type of filer TAX-EXEMPT ENTITY  
 3 U.S. Taxpayer Identification Number 541608780  
 3a TIN type EIN  
 4 Foreign identification  
 4a Type \_\_\_\_\_  
 4b Number \_\_\_\_\_  
 4c Country of Issue \_\_\_\_\_  
 5 Individual's date of birth \_\_\_\_\_  
 6 Last name or organization name ROMANIAN CHRISTIAN ENTERPRISES  
 7 First name \_\_\_\_\_  
 8 Middle initial \_\_\_\_\_  
 8a Suffix \_\_\_\_\_  
 9 Mailing address 21058 UNISON ROAD  
 10 City MIDDLEBURG  
 11 State VA VIRGINIA  
 12 Zip/postal code 201173806  
 13 Country US

14a Does the filer have a financial interest in 25 or more financial accounts?  
 Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
 No   
 14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes  If "Yes" enter total number of accounts \_\_\_\_\_  
 No

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

**Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN**

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  1 of 20

15 Maximum account value 205,703 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO69BTRL00201205A15908XX

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  2 of 20

15 Maximum account value 116,304 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO96BTRLRON001L0A1590812

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  3 of 20

15 Maximum account value 47,106 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO07BTRLRONCRT0580138101

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

<b>Form 990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name <b>ROMANIAN CHRISTIAN ENTERPRISES</b>	Employer Identification Number <b>54-1608780</b>
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**Warning: Printed versions of the BSA E-Filing forms are not for submission  
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44a Check if report completed by a third party preparer, complete the third party preparer section

44 Filer signature PIN (Enter the PIN assigned by FinCEN used to sign the FBAR) **FORM 114A SIGNED, PIN NOT REQUIRED**

45 Filer title **EXECUTIVE DIRECTOR**

46 Date of signature \_\_\_\_\_

**Third Party Preparer Use Only**

47 Preparer's last name **STITELY**

48 First name **FRANK**

49 Middle name/initial \_\_\_\_\_

50 Check if self-employed

51 Preparer's TIN **P00031913**

51a TIN type **PTIN**

52 Contact phone number **703-818-8284**

52a Extension \_\_\_\_\_

53 Firm's name **SK CPA'S & BUSINESS ADVISORS, PLLC**

54 Firm's TIN **20-1011146**

54a TIN type **EIN**

55 Mailing address **4460 BROOKFIELD CORPORATE DR STE F**

56 City **CHANTILLY**

57 State **VA**

58 Zip/postal code **20151**

59 Country **US US**

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  4 of 20

15 Maximum account value 111,136 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held UNICREDIT BANK

18 Account number or other designation R010BACX0000002321415001

19 Mailing address STR MIRCEA STANESCU

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310257 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  5 of 20

15 Maximum account value 111,515 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO21BTRLRON03L9A1590803

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  6 of 20

15 Maximum account value 112,733 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA OTPBANK

18 Account number or other designation RO42BTRLRON00160A1590811

19 Mailing address B-DUL REVOLUTIEI NR 78

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  15 Maximum account value 50,967 15a Maximum account value unknown  7 of 20

16 Type of account BANK

17 Name of financial institution in which account is held BANCA OTPBANK

18 Account number or other designation RO350TPV330001099618003

19 Mailing address B-DUL REVOLUTIEI NR 78

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  15 Maximum account value 9,392 15a Maximum account value unknown  8 of 20

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO81BTRL00201210A1590809

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  15 Maximum account value 1,571 15a Maximum account value unknown  9 of 20

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO38BTRL00201210A1590807

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

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For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  10 o20

15 Maximum account value 317 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO76BTRL00201210A1590802

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  11 o20

15 Maximum account value 2,493 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO32BTRLRONVBUS0A1590809

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  12 o20

15 Maximum account value 1,966 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO41BTRLRONVBUS0A159080B

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  13 o20

15 Maximum account value 487 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO11BTRL00201210A1590808

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  14 o20

15 Maximum account value 962 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO06BTRLRONVBSG0A1590801

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  15 o20

15 Maximum account value 5,333 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO60OTPV330001277418RO01

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_



Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>	<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____		

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  16 o20

15 Maximum account value 1,000 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO38BTRL00201210A1590807

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  17 o20

15 Maximum account value 2,909 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO38BTRL00201210A1590807

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  18 o20

15 Maximum account value 25,716 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO44BTRL00204205A15908XX

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

Form <b>990</b>	<b>FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 4</b>		<b>2023</b>
For calendar year 2023 or tax year beginning _____, ending _____			

Name **ROMANIAN CHRISTIAN ENTERPRISES** Employer Identification Number **54-1608780**

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**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  19 of 20

15 Maximum account value 2,459 15a Maximum account value unknown

16 Type of account BANK

17 Name of financial institution in which account is held BANCA TRANSILVANIA

18 Account number or other designation RO98BTRLRONCRT00A1590803

19 Mailing address STR CALEA TIMISORII 50

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310227 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  20 of 20

15 Maximum account value 9,039 15a Maximum account value unknown

16 Type of account \_\_\_\_\_

17 Name of financial institution in which account is held UNICREDIT BANK

18 Account number or other designation R037BACX000000232141500

19 Mailing address STR MIRCEA STANESCU

20 City ARAD 21 State \_\_\_\_\_

22 Foreign postal code 310257 23 Country RO ROMANIA

34 Last name or organization name of account owner ROMANIAN CHRISTIAN ENTERPRISES

35 Taxpayer Identification Number of account owner 541608780

35a TIN type EIN

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address 21058 UNISON ROAD

39 City MIDDLEBURG 40 State VA VIRGINIA

41 Zip/postal code 201173806 42 Country US

43 Filer's title with this owner \_\_\_\_\_

**Part IV - Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)**

Check if entity  \_\_\_\_\_ of \_\_\_\_\_

15 Maximum account value \_\_\_\_\_ 15a Maximum account value unknown

16 Type of account \_\_\_\_\_

17 Name of financial institution in which account is held \_\_\_\_\_

18 Account number or other designation \_\_\_\_\_

19 Mailing address \_\_\_\_\_

20 City \_\_\_\_\_ 21 State \_\_\_\_\_

22 Foreign postal code \_\_\_\_\_ 23 Country \_\_\_\_\_

34 Last name or organization name of account owner \_\_\_\_\_

35 Taxpayer Identification Number of account owner \_\_\_\_\_

35a TIN type \_\_\_\_\_

36 First name \_\_\_\_\_ 37 Middle initial \_\_\_\_\_ 37a Suffix \_\_\_\_\_

38 Mailing address \_\_\_\_\_

39 City \_\_\_\_\_ 40 State \_\_\_\_\_

41 Zip/postal code \_\_\_\_\_ 42 Country \_\_\_\_\_

43 Filer's title with this owner \_\_\_\_\_

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning ....., 2023, and ending ....., 20 .....

**2023**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**ROMANIAN CHRISTIAN ENTERPRISES**

**54-1608780**

Name and title of officer or person subject to tax **MARY ANN BELL**  
**DIR. EMER. / FOUNDER**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>2,158,363</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) <b>10b</b>	_____

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize SK CPA'S & BUSINESS ADVISORS, PLLC to enter my PIN 20117 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 03/27/24

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54133448791**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature FRANK STITELY Date 03/27/24

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ROMANIAN CHRISTIAN ENTERPRISES**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**21058 UNISON ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MIDDLEBURG VA 20117-3806**

**D** Employer identification number  
**54-1608780**

**E** Telephone number  
**540-554-4255**

**G** Gross receipts\$ **2,275,677**

**F** Name and address of principal officer:  
**MARY ANN BELL**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.RCENTERPRISES.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1992** **M** State of legal domicile: **VA**

**H(c)** Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>POVERTY PREVENTION AND EDUCATIONAL PROGRAMS IN ROMANIA</b>		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,775,322	2,220,919
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,024	49,308
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-64,797	-111,864
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,732,549	2,158,363
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,725	70,675
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	111,684	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,822,943	2,133,744
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,864,668	2,204,419
19 Revenue less expenses. Subtract line 18 from line 12	-132,119	-46,056	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,614,269	2,760,326
	21 Total liabilities (Part X, line 26)	148,040	168,991
	22 Net assets or fund balances. Subtract line 21 from line 20	2,466,229	2,591,335

**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: **MARY ANN BELL** Date: **DIR. EMER. / FOUNDER**  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **FRANK STITELY** Preparer's signature: **FRANK STITELY** Date: **03/27/24** Check  if PTIN self-employed **P00031913**  
 Firm's name: **SK CPA'S & BUSINESS ADVISORS, PLLC** Firm's EIN: **20-1011146**  
 Firm's address: **4460 BROOKFIELD CORPORATE DR STE F CHANTILLY, VA 20151** Phone no.: **703-818-8284**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

POVERTY PREVENTION AND EDUCATIONAL PROGRAMS IN ROMANIA

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 \$ 2,043,651 including grants of\$ ) (Revenue \$ )
PROVISION PROGRAMS: RCE PROVIDES LONG-TERM (LIFE-LONG) RECUPERATIVECARE FOR ABANDONED CHILDREN ANDYOUNGADULTS WITH DISABILITIES WITH SPECIAL EDUCATION (SUNSHINE SCHOOL), 6 GROUP HOMES (3 DARIUS HOUSES, AMY'S HOUSE, SORIN'S HOUSE, PECICA HOUSE) ON TWO CAMPUSES, A VOCATIONAL AND JOB'S PROGRAM.

4b (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )
RCE'S POVERTY PREVENTION PROGRAM STRENGTHENS IMPOVERISHED FAMILIESIN ORDER TO KEEP FAMILIES INTACT AND PREVENTAT-RISK CHILDREN FROM ABANDONMENT BY INTEGRATING FAMILIES INTO THEIR COMMUNITY THROUGH PARTNERSHIPS WITH 23 LOCALCHURCHES. RCE PROVIDES A) EDUCATIONAL SUPPORT (BOOKS, CLOTHES, TRANSPORT) B) MEDICAL AND DENTAL CARE, C) JOB TRAINING, D) HOUSING CONSTRUCTION, E) NO-INTEREST LOANS (AVERAGE \$650), F) SUMMER CAMP, G) MICRO-SAVINGS PROGRAM. THE COMBINEDPROGRAMS SERVED 265+ IMPOVERISHED FAMILIES IN 2023.

4c (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )
ANSWER:
PLACEMENT PROGRAM: RCE'S PLACES ABANDONED CHILDREN WITH SPECIALNEEDS IN FAMILIES THROUGH DOMESTIC ADOPTION, PERMANENT PLACEMENT IN ROMANIAN FAMILIES, AND PROVIDES FOLLOW-UPSUPPORTFOR THE PLACEMENT FAMILIES INCLUDING ONGOINGCOUNSELING, SUPPORT GROUPS, TUTORING FOR CHILDREN, SPECIAL EDUCATION OUTAN RCE SCHOOL, RCE ALSO PROVIDES FINANCIALSUPPORT FOR A "LOVE HOUSE" MOTHER OR FATHER TO STAY AT HOME AND PROVIDE CAREFOR THE SPECIAL NEEDS CHILD (CHILDREN). RCEALSO PROVIDES SUMMER CAMP FOR ALL PLACEMENT CHILDREN AND THEIR FAMILIES.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses 2,043,651

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a</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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash 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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No			
<b>2a</b>	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	<b>2a</b>	<b>1</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>				
<b>4a</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)?	<b>4a</b>		<b>X</b>		
<b>b</b>	If "Yes," enter the name of the foreign country <b>ROMANIA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				



**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>18</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>17</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records.

**EXECUTIVE DIRECTOR** **21058 UNISON ROAD** **VA 20117** **005-405-5442**  
**MIDDLEBURG**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) JAMES PERRY	10.00									
DIR. OF OPERATIONS	0.00	X		X				0	0	
(2) GINGER SCHMIDT	13.00									
TREASURER	0.00	X		X				0	0	
(3) CRYL KITCHENS	5.00									
SECRETARY	0.00	X		X				0	0	
(4) MARY ANN BELL	40.00									
DIR. EMER. / FOUNDER	0.00	X		X				0	0	
(5) PAUL WOLHER	2.00									
BOARD MEMBER	0.00	X						0	0	
(6) JOHN HUBBLER	10.00									
CHAIRMAN	0.00	X						0	0	
(7) JAMES YOUNG	2.00									
BOARD MEMBER	0.00	X						0	0	
(8) DONALD HARRISON	2.00									
BOARD MEMBER	0.00	X						0	0	
(9) WESLEY SCOTT BROWN	2.00									
BOARD MEMBER	0.00	X						0	0	
(10) DR. MARTHA CARROLL	2.00									
BOARD MEMBER	0.00	X						0	0	
(11) KAREN HOBLER MYERS	2.00									
BOARD MEMBER	0.00	X						0	0	

**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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) <b>MARTHA MOLLARD</b>										
(12) BOARD MEMBER	2.00 0.00	X					0	0	0	
(13) <b>MICHAEL BOYLE</b>										
(13) BOARD MEMBER	2.00 0.00	X					0	0	0	
(14) <b>KEVIN WISHARD</b>										
(14) BOARD MEMBER	2.00 0.00	X					0	0	0	
(15) <b>REBECCA WELKE</b>										
(15) BOARD MEMBER	2.00 0.00	X					0	0	0	
(16) <b>MILLER CARBAUGH</b>										
(16) BOARD MEMBER	2.00 0.00	X					0	0	0	
(17) <b>TRACEY PILSCH</b>										
(17) BOARD MEMBER	40.00 0.00			X			70,675	0	0	
(18) <b>CHELSEA CUSTARD</b>										
(18) BOARD MEMBER	2.00 0.00	X					0	0	0	
(19)										
<b>1b Subtotal</b>							<b>70,675</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>70,675</b>			

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**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

**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 Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	214,748			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,006,171			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,020			
	<b>h Total.</b> Add lines 1a-1f		2,220,919			
<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		27,752		27,752	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal		
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental inc. or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
		<b>c</b> Gain or (loss)	<b>7c</b>			
	<b>d</b> Net gain or (loss)		21,556	21,556		
	<b>8a</b> Gross income from fundraising events (not including \$ 214,748 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>	111,864		
		<b>c</b> Net income or (loss) from fundraising events		-111,864		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> .....	Business Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		2,158,363	21,556	0	27,752	

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,675			70,675
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,891		4,891	
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 Schedule O.)				
12 Advertising and promotion	4,294	4,294		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	30,210	30,210		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,962		27,962	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ROMANIAN PERSONNEL	1,301,329	1,295,328		6,001
b FAMILY ASSISTANCE	404,218	404,218		
c OPERATING MATERIALS AND SUPPLIES	168,985	168,985		
d CONTRACT SERVICES	44,235	44,235		
e All other expenses	147,620	96,381	16,231	35,008
25 Total functional expenses. Add lines 1 through 24e	2,204,419	2,043,651	49,084	111,684
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	732,144	1	596,576
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	79,783	7	87,206
	8	Inventories for sale or use	45,318	8	44,835
	9	Prepaid expenses and deferred charges	48	9	48
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	966,940		
		10a	966,940		
	b	Less: accumulated depreciation	400,897	10c	566,043
		10b	400,897		
	11	Investments—publicly traded securities	771,045	11	917,472
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	517,194	15	548,146	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,614,269	16	2,760,326	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	148,040	17	168,991
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	148,040	26	168,991
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	2,466,229	27	2,591,335
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	2,466,229	32	2,591,335	
33	<b>Total liabilities and net assets/fund balances</b>	2,614,269	33	2,760,326	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,158,363
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,204,419
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,466,229
5	Net unrealized gains (losses) on investments	5	124,057
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 on Schedule O)	9	47,105
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,591,335

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 on 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization <b>ROMANIAN CHRISTIAN ENTERPRISES</b>	Employer identification number <b>54-1608780</b>
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**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,247,130	1,698,646	1,859,494	1,775,322	2,220,919	8,801,511
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,247,130	1,698,646	1,859,494	1,775,322	2,220,919	8,801,511
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						777,980
<b>6 Public support.</b> Subtract line 5 from line 4.						8,023,531

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	1,247,130	1,698,646	1,859,494	1,775,322	2,220,919	8,801,511
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,665	14,487	18,237	5,531	27,752	156,672
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						8,958,183

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First 5 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**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	89.57 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	90.12 %

**16a 33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test — 2022.** 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 VI 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 10 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. 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 — 2022. 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 Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>
<b>2a</b>		
<b>b</b>		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>
<b>3a</b>		
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2024. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Table with 2 columns: Name of the organization (ROMANIAN CHRISTIAN ENTERPRISES) and Employer identification number (54-1608780)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Schedule B (Form 990) (2023)

Name of organization **ROMANIAN CHRISTIAN ENTERPRISES** Employer identification number **54-1608780**

**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
1		\$ 55,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 51,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 59,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization **ROMANIAN CHRISTIAN ENTERPRISES** Employer identification number **54-1608780**

**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		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

ROMANIAN CHRISTIAN ENTERPRISES

54-1608780

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items. a Revenue included on 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 make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 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" on 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.
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds**

Complete if the organization answered "Yes" on 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 Term endowment .....
- The percentages on 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations? .....   | 3a(i)  |    |
| (ii) Related organizations? .....  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 .....				
b Buildings .....		835,497	271,435	564,062
c Leasehold improvements .....				
d Equipment .....		50,318	49,237	1,081
e Other .....		81,125	80,225	900
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>566,043</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>DUE FROM AFFILIATE</b>	<b>548,146</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>548,146</b>

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**ROMANIAN CHRISTIAN ENTERPRISES**

Employer identification number

**54-1608780**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>EUROPE (INCLUDING ICELAND &amp; GREENLAND) -</b>					
(1)	1	94	SEE NOTE	N/A	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....	<b>1</b>	<b>94</b>			
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals (add lines 3a and 3b)</b>	<b>1</b>	<b>94</b>			

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

Schedule F (Form 990) 2023



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities .....

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 the 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 separately 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  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 the 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 the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
EUROPE (INCLUDING ICELAND & GREENLAND) - \$	0 \$	0

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**ROMANIAN CHRISTIAN ENTERPRISES**

Employer identification number

**54-1608780**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FALL/WALK EVENT</b> (event type)	_____ (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	214,748		214,748
	2	Less: Contributions	214,748		214,748
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	27,460		27,460
	8	Entertainment			
	9	Other direct expenses	84,404		84,404
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-111,864

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		_____ %	_____ %	_____ %		
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

**ROMANIAN CHRISTIAN ENTERPRISES**

**54-1608780**

**FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES**

**ROMANIA**

**FORM 990, PART VI - ADDITIONAL INFORMATION**

**THE ORGANIZATION HAS A WRITTEN WHISLEBLOWER AND DOCUMENT  
RETENTION/DESTRUCTION POLICY IN PLACE ACCESSIBLE TO DONORS VIA WEBSITE OR  
UPON REQUEST.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE PREPARER GIVES A DRAFT COPY OF FORM 990 TO THE EXECUTIVE DIRECTOR AND  
TREASURER. THEY REVIEW THE DRAFT AND ASK QUESTIONS OF THE PREPARER AND/OR  
OTHERS AS DEEMED NECESSARY. THEY THEN AUTHORIZE THE PREPARER TO ISSUE THE  
RETURN IN THE FINAL FORM.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE CONFLICT OF INTEREST POLICY IS KNOWN TO EACH BOARD MEMBER AND IS AGREED  
TO BY NEW BOARD MEMBERS**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE EXECUTIVE DIRECTORS' SALARY IS APPROVED, ALONG WITH THE ENTIRE BUDGET  
BY THE GOVERNING BOARD AT THE ANNUAL MEETING AND IS BASED ON THE EXECUTIVE  
DIRECTORS' DECISION TO DONATED MOST OF HER TIME.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE CONFLICT OF INTEREST POLICY IS KNOWN TO EACH BOARD MEMBER AND IS AGREED**

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

Schedule O (Form 990) 2023



Name of the organization <b>ROMANIAN CHRISTIAN ENTERPRISES</b>	Employer identification number <b>54-1608780</b>
---	---

TO BY NEW BOARD MEMBERS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT EXPENSES FOR FUNDRAISING ACTIVITY	\$ 111,684
FOREIGN CURRENCY TRANSLATION ADJUSTMENTS	\$ -64,579
<b>TOTAL</b>	\$ 47,105

**Form 990** | **Tax Return History** | **2023**

Name: **ROMANIAN CHRISTIAN ENTERPRISES** | Employer Identification Number: **54-1608780**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants		1,698,646	1,859,494	1,775,322	2,220,919	
Membership dues						
Program service revenue						
Capital gain or loss		75,652		16,493	21,556	
Investment income		14,487	18,237	5,531	27,752	
Fundraising revenue (income/loss)		-39,308	-38,672	-64,797	-111,864	
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>		<b>1,749,477</b>	<b>1,839,059</b>	<b>1,732,549</b>	<b>2,158,363</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		24,744	24,745	41,725	70,675	
Other compensation						
Professional fees		5,256	5,356	5,550	4,891	
Occupancy costs						
Depreciation and depletion		27,849	25,440	28,734	27,962	
Other expenses		1,484,739	1,931,483	1,788,659	2,100,891	
<b>Total expenses</b>		<b>1,542,588</b>	<b>1,987,024</b>	<b>1,864,668</b>	<b>2,204,419</b>	
<b>Excess or (Deficit)</b>		<b>206,889</b>	<b>-147,965</b>	<b>-132,119</b>	<b>-46,056</b>	
Total exempt revenue		1,749,477	1,839,059	1,732,549	2,158,363	
Total unrelated revenue						
Total excludable revenue		90,139	18,237	22,024	49,308	
Total Assets		2,439,362	2,904,941	2,614,269	2,760,326	
Total Liabilities		152,971	124,654	148,040	168,991	
Net Fund Balances		2,286,391	2,780,287	2,466,229	2,591,335	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 19,702				14	
TOTAL	<u>\$ 19,702</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 8,050				14	
TOTAL	<u>\$ 8,050</u>					

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	\$ 32,562	32,562		
PROGRAM SERVICE EXPENSES	27,987	27,987		
EVENT FOOD AND SUPPLIES	27,460			27,460
BANK FEES	19,754		14,728	5,026
LEASE EXPENSES	15,446	15,446		
VEHICLE FUEL/MAINTENANCE	14,914	14,914		
PRINTING AND POSTAGE	6,764	5,472		
OFFICE SUPPLIES	1,753		323	969
ADMIN AND OPERATING EXP	766		351	1,402
DUES AND SUBSCRIPTIONS	214		615	151
<b>TOTAL</b>	<b>\$ 147,620</b>	<b>\$ 96,381</b>	<b>\$ 16,231</b>	<b>\$ 35,008</b>

### Federal Statements

#### Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS CONTRIBUTORS	\$ 1,213,543
VARIOUS CONTRIBUTORS	9,020
JIM YOUNG	
CASH CONTRIBUTION	25,000
MCLEAN PRESBYTERIAN CHURCH	
CASH CONTRIBUTION	36,339
ROBERT AND SHIRLEY GILES	
CASH CONTRIBUTION	55,500
DONALD AND MAKIKO HARRISON	
CASH CONTRIBUTION	42,000
DUANE AND REBECCA HIXON	
CASH CONTRIBUTION	100,000
THOMAS HUNGAR	
CASH CONTRIBUTION	75,000
JOHN AND MARTHA MOLLARD	
CASH CONTRIBUTION	51,950
LUDA DAVIES	
CASH CONTRIBUTION	26,714
BRANDI LAPERRIERE	
CASH CONTRIBUTION	50,000
DR CARY PAINE	
CASH CONTRIBUTION	15,000
ARIE FLOYD	
CASH CONTRIBUTION	25,000
FOURTH PRESBYTERIAN CHURCH	
CASH CONTRIBUTION	18,480
JIM AND DEB PERRY	
CASH CONTRIBUTION	59,625
RICHARD AND BARBARA GABY	
CASH CONTRIBUTION	20,000
FOUNDATION CARBAUGH	
CASH CONTRIBUTION	100,000
BARRY TEAGUE	
CASH CONTRIBUTION	50,000
EARL AND MARGERY TIPTON	
CASH CONTRIBUTION	18,000
ERIC AND LUCY TREENE	
CASH CONTRIBUTION	15,000

## Federal Statements

### Schedule A, Part II, Line 1(e) (continued)

Description	Amount
FALL/WALK EVENTS	\$
CASH CONTRIBUTION	214,748
TOTAL	<u>\$ 2,220,919</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JIM YOUNG	\$ 235,000	\$ 55,836
MCLEAN PRESBYTERIAN CHURCH	148,671	
COMMUNITY FDN OF ANNE ARUNDEL COUNTY	324,000	144,836
ROBERT AND SHIRLEY GILES	241,776	62,612
DONALD AND MAKIKO HARRISON	165,500	
DUANE AND REBECCA HIXON	539,088	359,924
THOMAS HUNGAR	325,000	145,836
JOHN AND MARTHA MOLLARD	188,100	8,936
LUDA DAVIES	97,122	
HOUSTON FIRST BAPTIST CHURCH	75,000	
TEAGUE FOUNDATION	75,000	
ANDY LAPERRIERE	100,000	
GABY FOUNDATION	40,000	
BRANDI LAPERRIERE	120,000	
ESTATE OF JOHN O KNAIRD	89,641	
DR CARY PAINE	65,000	
ARIE FLOYD	50,000	
FOURTH PRESBYTERIAN CHURCH	40,530	
JIM AND DEB PERRY	81,240	
RICHARD AND BARBARA GABY	40,000	
CYRL KITCHENS	15,150	
FOUNDATION CARBAUGH	100,000	
BARRY TEAGUE	50,000	
EARL AND MARGERY TIPTON	18,000	
ERIC AND LUCY TREENE	15,000	
TOTAL	<u>\$ 3,238,818</u>	<u>\$ 777,980</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 19,702
DIVIDENDS	8,050
TOTAL	<u>\$ 27,752</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
FALL/WALK EVENTS	\$
TOTAL	<u>\$ 0</u>



**Federal Statements****FALL/WALK EVENTS****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ 84,404
TOTAL	\$ 84,404