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DLN: 93493183000293

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the	2012 cal	endar year, or tax year beginnin	g 01-01-2012 , 2012, and end	ling 12-31	L-2012			•
		pplicable	C Name of organization FIRST LOVE MINISTRIES USA	· ·			D Emplo	yer ide	ntification number
- Add	fress ch	hange	Doing Business As				71-0	95176	2
_	me cha	_	boling business As						
_	ial retu		Number and street (or P O box if r 56 CORNFLOWER	naıl ıs not delivered to street address)	Room/suit	te	E Teleph	one num	ber
_	mınate						(949)	725-8	3525
_	ended 		City or town, state or country, and IRVINE, CA 92620	ZIP + 4					
App	olication	n pending	F. N		1			•	\$ 354,836
			<b>F</b> Name and address of pri DONALD J NOURSE	ncipai oπicer			this a group filiates?	returr	rfor
			56 CORNFLOWER IRVINE,CA 92620			11/1-3			·
									ided? \( \text{Yes} \( \text{No} \) \( \text{(see instructions)} \)
Ta	x-exen	npt status	<b>▽</b> 501(c)(3) <b>┌</b> 501(c)( ) <b>◄</b>	(insert no )	527				
W	ebsit e	e:► WW	/W FLMUSA ORG			H(c) G	roup exemp	tion nu	mber 🗲
		ganızatıon	Corporation Trust Association	on Other ►	•	<b>L</b> Year o	f formation 2	003 <b>M</b>	State of legal domicile CA
Pa	rt I	Sum	mary						
aovemance		FIRST L AND PR	escribe the organization's missi OVE MINISTRIES USA HAS A: EACHING OF GOD'S WORD AS JS CHRIST THROUGHOUT THI	S ITS SOLE PURPOSE THE GL S GIVEN TO US IN THE BIBLE	LORIFICA				
<u> </u>									
<u>)</u> 5	9	Check th	nis box 🕶 if the organization di	scontinued its operations or di	sposed o	f more tha	n 25% of its	netas	ssets
	-	G110011 11	no box 1   Trend organization a	ocontinuou no operationo en un	0,000000		25 /0 01 10		
ACIIVIIAS Q			of voting members of the govern					3	8
			of independent voting members					4	5
Į.			mber of individuals employed in mber of volunteers (estimate if i	, , ,	ne 2a) .			6	0 0
			`	.,				7a	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>b</b> Net unrelated business taxable income from Form 990-T, line 34							7b	0
	_					F	Prior Year	1 1	Current Year
	8	Contri	butions and grants (Part VIII, I		354	500	354,836		
₫	9	Progra	am service revenue (Part VIII, l	ıne 2g)			0	0	
Revenue	10	Invest	tment income (Part VIII, colum			0	0		
芷	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 1	.1e)			0	0
	12		revenue—add lines 8 through 11				354	.500	354,836
	13		s and similar amounts paid (Part				326	-	283,000
	14		ts paid to or for members (Part :				·	0	0
rib.	15		es, other compensation, employ	ee benefits (Part IX, column (A	), lines 5	-		0	
Expenses	16-	10)	aronal fundrarying food (Dart IV	column (A) line 11a)				0	
क ⊕	16a b		sional fundraising fees (Part IX)						
Δ	17		ndraising expenses (Part IX, column (Dexpenses (Part IX, column (A),	• •			1 4	239	10,623
	18		expenses Add lines 13-17 (mu				340		293,623
	19		ue less expenses Subtract line		-			233	61,213
5 <del>0</del>						-	ning of Curre		End of Year
ner Assec or Fund Balances	20	Total	accate (Dart V line 16)				Year	892	89,105
98	21		assets (Part X, line 16) liabilities (Part X, line 26)				27	0	89,105
Ξ.E	22		sets or fund balances Subtract				27	892	89,105
Pai	t II		ature Block					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
Inde ny kr	r pena nowled	alties of dge and	perjury, I declare that I have ex belief, it is true, correct, and coi nowledge						
		****					2013-06-13		
Sign		Signa	ature of officer	<u> </u>			Date		
lere	2		ALD J NOURSE CHAIRMAN or print name and title						
			Print/Type preparer's name KIM J ECKENWEILER CPA	Preparer's signature	Da		Check V if	PTIN P0022	7438
Paid		F	Firm's name	 A			self-employed Fırm's EIN ► 2		
	pare	r _					Dhor - '0'	) 722 ·	025
Jse	On	ly   <sup>F</sup>	Firm's address 🟲 132 Via Havre				Phone no (94	9) /23-1	825
			Newport Beach, CA 9	2663					

May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

✓ Yes No

Form	n 990 (2012)						F	age:
Par		ent of Program Servic Schedule O contains a respo	-		II			
1	Briefly describe	the organization's mission						
PRE		RIES USA HAS AS ITS SOL O'S WORD AS GIVEN TO US UT THE WORLD						
2	Did the organiza the prior Form 9	ation undertake any significa 90 or 990-EZ?	nt program se	ervices during the ye	ar which wer	e not listed on		)
	If "Yes," describ	oe these new services on Sch	nedule O					
3	Did the organizations of the services?	ation cease conducting, or m	ake sıgnıfıcar	nt changes in how it o	onducts, an	y program		,
	If "Yes," describ	e these changes on Schedul	le O					
4	expenses Secti	ganization's program service ion 501(c)(3) and 501(c)(4) ses, and revenue, if any, for e	organization	s are required to repo	_		•	
4a	(Code	) (Expenses \$	205,245	including grants of \$		) (Revenue \$	)	
	HIV/AIDS OR CIVI	JSA HAS PROVIDED SUPPORT TO IN L UNREST HUNDREDS OF THE CH: IMARY SCHOOL AND MEDICAL CARI	ILDREN LIVE IN	THE CHILD CARE CENTER				
	(Code	) (Expenses \$	29,762	ıncludıng grants of \$		) (Revenue \$	)	
	FLM MINISTRIES U	USA HELPS SUPPORT THE MISSION, RE WOOD, FOOD, CLOTHING AND N						ANIA
<u></u>	(Code	) (Expenses \$	47,993	ıncludıng grants of \$		) (Revenue \$	)	
		JSA HELPS SUPPORT A NUMBER OF DICAL ASSISTANCE TO THOSE IN N		INDIVIDUALS IN THE USA		Y PROVIDES BENEVOLEN		),

) (Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O )

Total program service expenses ▶

including grants of \$

283,000

#### 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🎏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		1
1-	Enter the number reported in Box 2 of Form 1006 Enter, 0, if not applicable 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
_		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have applied every versitate that are recovered to restart their \$100,000 and did the	5c		K.
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N c
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
5	services provided to the payor?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		N (
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	מפ		
-	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	†		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	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			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	l No
а	Did the organization receive any payments for indoor tanning services during the tax year?	T-44		14.0

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
	(	010,,,		· /
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No No No

- List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Vpon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DONALD J NOURSE 56 CORNFLOWER IRVINE, CA (949) 723-1825

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	one bot ecto	not box h ar	checl c, unle n office ustee	ess er )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	organizations below dotted line)			Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DONALD J NOURSE	5 00	х						0	0	(
CHAIRMAN/PRES										
(2) JAMES A FORBES TREASURER	50	х						0	0	(
(3) NANCY A NOURSE	50									
SECRETARY		Х						0	0	(
(4) MICHAEL A NOURSE	50	<b>-</b>						_	_	
DIRECTOR		X						0	0	(
(5) CANDACE L VEITH	50	х						0	0	(
DIRECTOR		^						ľ	U	,
(6) JOE WOODARD	50	Х						0	0	(
DIRECTOR										
(7) SCOTT SMITH	50	×						0	0	(
DIRECTOR (8) JIM FERGUSON	50	}								
DIRECTOR	30	х						0	0	(
	ı	1	I	I	1		ı	1		

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	,_	(F) Estima amount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b	Sub-Total					<u> </u>		<u></u>						
c	Total from continuation shee	ts to Part VII, S	ect ion A	Α.				F						
d	Total (add lines 1b and 1c) .							<b>þ</b> -		C		0		0
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	nan			
3	Did the organization list any <b>f</b>	<b>ormer</b> officer. di	rector o	r trus	tee	kev	emplo	vee	. or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete :							•	·			3		No
4	For any individual listed on lin organization and related organ individual											4		NI -
5	Did any person listed on line 1 services rendered to the orga									janization	or individual for	_ <del></del> _		No No
1 1	Complete this table for your fi compensation from the organi	ve highest comp											tax year	
		( <b>A</b> ) Name and business									(B) cription of services		(C Comper	)
2	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	o those	e list	ted above)	who rece	ived more than			

\$100,000 of compensation from the organization 🗝

	Check if Schedule O contains a response to any question				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>⊈</b> 1a	Federated campaigns 1a				
ш	Membership dues 1b				
Other Similar Amounts	Fundraising events 1c				
5 d	Related organizations 1d				
Ë   e	Government grants (contributions)				
iis 📜	——————————————————————————————————————				
<u>a</u> ∫	All other contributions, gifts, grants, and similar amounts not included above 1f 354,836				
돌   9	Noncash contributions included in lines 68,176	į			
ᇴᅵ	Total. Add lines 1a-1f	354,836			
<u>6</u>	<u>*</u>	·			
2a	Business Code				
Za					
Ь					
C .					
d					
e e					
2a b c d e	All other program service revenue				
g	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(ı) Real (ıı) Personal				
6a	Gross rents				
ь	Less rental				
С	expenses Rental income				
d	or (loss)  Net rental income or (loss)				
ď	(i) Securities (ii) Other				
7a	Gross amount				
	from sales of assets other				
ь	than inventory Less cost or				
	other basis and sales expenses				
С	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18				
	, a				
ь	Less direct expenses b				
c o-	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See Part IV, line 19				
ь	Less direct expenses b				
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances .				
	a a				
ь	Less cost of goods sold <b>b</b>				
	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
11a					
ь					
c					
d	All other revenue				
е	Total. Add lines 11a-11d				
12	Total revenue. See Instructions				

354,836

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pai of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations		expenses	general expenses	expenses
-	in the United States See Part IV, line 21	47,993	47,993		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	29,762	29,762		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	205,245	205,245		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
LO	Payroll taxes				
L1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	1,300		1,300	
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)				
.2	Advertising and promotion	65		65	
.3	Office expenses			95	
4	Information technology				
5	Royalties				
.6	Occupancy				
7	Travel	500		500	
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L <b>9</b>	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	536		536	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	AUTOMOBILE EXPENSES	3,182		3,182	
ь	OFFICE EXPENSES	2,779		2,779	
c	GRANT AND CONTRACT EXPE	1,100		1,100	
d	BANK SERVICE CHARGES	861		861	
e	All other expenses	300		300	
25	Total functional expenses. Add lines 1 through 24e	293,623	283,000	10,623	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 26,942 86,736 1 1 2 2 Savings and temporary cash investments . . . . . 3 3 Pledges and grants receivable, net . . . . . 4 950 4 2,369 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . 5 Loans and other receivables from other disqualified persons (as defined under section

Assets

<u>Liabilities</u>

Fund Balance

ö

Assets

¥

Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		• •	• •	1
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	354,836
2	Total expenses (must equal Part IX, column (A), line 25)	2		293,623	
3	Revenue less expenses Subtract line 2 from line 1	-			
		3			61,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			27,892
5	Net unrealized gains (losses) on investments				27,032
	Net ameunzed gams (1055e5) on investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	5			
6	Donated services and use of facilities				
7	Investment expenses	6			
,	investment expenses	7			
8	Prior period adjustments				
•	Ohbar abarras in oak aasaka sa fiirid balanasa (aunlain in Cabadula O)	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			89,105
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ egin{array}{c} $
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	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	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493183000293

Employer identification number

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

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

FIRST LOVE MINISTRIES USA 71-0951762 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of support ed organization organization in the organization organization in monetary organization (described on col (i) listed in in col (i) of your col (i) organized support lines 1-9 above your governing support? in the US? or IRC section document? (see instructions)) Yes Yes Yes No No No

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 149,016 306,103 224,262 345,550 354,836 1,379,767 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 149,016 306,103 224,262 345,550 354,836 1,379,767 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 650,148 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 729,619 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 149,016 306,103 224,262 345,550 354,836 1,379,767 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 1,379,767 through 10) 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 14 52 880 % Public support percentage for 2011 Schedule A, Part II, line 14 15 45 080 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
Sa	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto co				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	<b>2012</b> (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n <b>2011</b> Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· ·	d line 17 is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493183000293

OMB No 1545-0047

2012

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# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

• Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

IR:	ST LOVE MINISTRIES USA				71-0951762	
Pā	General Informatio "Yes" to Form 990, Pa			he United States. C		ation answered
1	For grantmakers. Does the assistance, the grantees' eliq	organization m	aıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fur	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )	
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
	Uganda	1	1	TO ASSIST WITH THEIR CHILDCARE PROGRAM		205,245
	_					
	Sub-total	1	1			205,245
1	b Total from continuation sheets			1		0

to Part I

c Totals (add lines 3a and 3b)

205,245

(a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) A mount of cash grant (e) A mount of cash grant (f) Manner of cash disbursement (g) A mount of of non-cash assistance (h) Description of non-cash assistance (h) Description of non-cash assistance (a) A mount of cash grant (b) Manner of cash grant (c) Manner of cash grant (d) Purpose of the grant is to provide assistance (e) A mount of cash grant (d) Purpose of the grant (d) Purpose of th	(i) Method of valuation (book, FMV, appraisal, other)
grant is to provide TO IMPACT	
assistance to the childcare program at Impact Uganda Ministries which takes care of orphaned children They provide food, shelter and education for these needy children	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3 Enter total number of other organizations or entities	

Schedule F (Form 990) 2012 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation assistance non-cash (book, FMV, assistance assistance appraisal, other)

#### 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 Yes Νo Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Yes Νo Forms 3520 and 3520-A) 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 Yes Νo Corporations. (see Instructions for Form 5471) 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, Return by a Yes Νo Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) 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. Yes Νo (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Νo Yes 5713).

Schedule F (Form 990) 2012

#### Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 FLM Ministries USA has several procedures to monitor use of funds outside the United States One procedure is weekly updates from the pastor of Impact Ministries Uganda located in Uganda Additionally officers travel to Uganda periodically to check on the childcare program and education services
	<u> </u>	

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Schedule I

(Form 990)

DLN: 93493183000293 OMB No 1545-0047

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public **Inspection** 

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization FIRST LOVE MINISTRIES USA

Employer identification number 71-0951762

						71-0931702	
Part I General Inform	nation on Grants	and Assistance				·	
1 Does the organization ma							<b>5 5.</b>
the selection criteria use  Describe in Part IV the o							✓ Yes
	<u> </u>				- Complete if the or	aaniaation answers	d "Vac" to
		Governments and reciplent that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOVE FOR ROMANIA 23301 LA GLORIETA UNIT C MISSION VIEJO, CA 92621	33-0944610	501(C)(3)		ı			THE PURPOSE OF THE ASSISTANCE IS TO HELP THE NEEDY AND POOR OF ROMANIA
2 Enter total number of sec							
3 Enter total number of other							
For Paperwork Reduction Act Not	ice, see the Instruction	s tor Form 990.		Cat No 50055P		Sch	nedule I (Form 990) 2012

	oe duplicated if addit			( <b>d)</b> A mount of	(e)Method of valuation (book,	to Form 990, Part IV, line 22.  (f)Description of non-cash assistance	
(a) Type of grant of		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-cash assistance	
(1) SCHOLARSHIPS ANI PAYMENTS FOR THOSE			ı	ı	FMV		
Part IV Supplem	ental Information.				-		
Complete this part to provid	le the information requi	red ın Part I, lı	ne 2, Part III, column (b), ar	ıd any other addıtıonal ın	formation		
Ident if ier	Return Reference		Explanation				
Procedure for Monitoring Part I, Line 2 Grants in the U S			Schedule I, Part I, Line 2 THE OFFICERS OF FLM MINISTRIES USA RECEIVE MONTHLY UPDATES FROM THE ORGANIZATIONS AND INDIVIDUALS THAT HAVE RECEIVED THEIR HELP				

DLN: 93493183000293

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

**Noncash Contributions** 

Name of the organization FIRST LOVE MINISTRIES USA

**Employer identification number** 

71-0951762

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of c noncash contri	determin		:s
1	Art-Works of art			,				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	3	68,1/6	FAIR MARKET VA	LUE		
	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							—
	Other ► () Other ► ()							
	Number of Forms 8283 received	by the oras	nization during the tax yea	r for contributions				
29	for which the organization compl				29			
	•		,	-	<u>'</u>		Yes	No
30a	During the year, did the organiz	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three yea	rs from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the ent	ıre holdıng p	period?			30a		No
ь	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a		No
Ь	If "Yes," describe in Part II							
33	If the organization did not repor	t an amount	: ın column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II							

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, th					
number of items received, or a combination of both. Also complete this part for any additional information					
Identifier	Return Reference	Explanation			

Schedule M (Form 990) (2012)

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DLN: 93493183000293

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

	Employer identifi	cation number
FIRST LOVE MINISTRIES USA		
	71-0951762	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	DONALD NOURSE IS MARRIED TO NANCY NOURSE DONALD NOURSE AND MICHAEL NOURSE ARE BROTHERS
	Form 990, Part VI, Section B, line 11	Form 990 is review ed and compared to the monthly financial statements
	Form 990, Part VI, Section B, line 12c	Prior to board or committee action on a Contract or Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting. If board members are aware that staff or other volunteers have a conflict of interest, relevant facts should be disclosed by the board member or by the interested person him/herself if invited to the board meeting as a guest for purposes of disclosure.
	Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST