

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

For the 2011 calendar year, or tax year beginning

C Name of organization Asia Harvest, Inc.

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)

, 2011, and ending

QMB No 1545-0047 2011

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

В	2011	
ents.	Open to Public inspection	
	•	
D Employee	r Identification Number	
	648411	
E Telephone	e number	
(877) 868-5025	
G Gross rec	5 4,995,061.	
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			Norfol	k			VA 235	41			Phone no			
May	the IF	RS discuss this	return with the	oreparer s	hown above?	(see instruct	ians)						X Yes	No
BA	A For	Paperwork R	eduction Act No	otice, see	the separate	instruction	5.		TE	EA010: 07/	05/11		Form 9	90 (2011)

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Par	t III	_		of Prog	•										_
		Chec	k if Sche	dule O co	ntains a	response	to any qu	estion in t	nis Part III .		<u> </u>	<u> </u>	<u></u>	<u></u>	Х
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4	Secti	on 501(c)(3) and	d 501(c)(4)	organiz	ations an	d section 4	4947(a)(1)	trusts are vice reporte	require	ed to report the	ervices, as measi e amount of grants	and allocat	tions to	
4 a	(Code	е)	(Expense	s \$	2,500	0,000.	including	grants of	\$	2,500,0	00.)(Revenue	\$	0) <u>.</u>)
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Page 3

_			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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		х
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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	11 b		х
	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	11 c		_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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
	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	14b	х	
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	х	·
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	indiversity of treduited contended footigneed			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			- 22
	the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	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		
25	a 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		х
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2011) Asia Harvest, Inc.	20-1648411		Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V	<u> </u>			$\cdot \square$
	_		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming	1 c	х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	٥			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			-	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	F	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)	over. a	4 a		х
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 Account	is .	- 1		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>}</u> -	5 a		х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	F-	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
•	``.`` `			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible?	ization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif not tax deductible?	is were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			ļ	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods at services provided to the payor?	nd 	7 a		X
b If Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	, 	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busing	ations. Did the			
holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.	-			
a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 ь		
10 Section 501(c)(7) organizations. Enter		ļ		
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			- 1	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			l	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a		L
Note. See the instructions for additional information the organization must report on Schedule O				
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				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14 b		

	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below		for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	ın		
	Check if Schedule O contains a response to any question in this Part VI			. X
<u>Se</u>	ection A. Governing Body and Management	,	-	
	rena rena sen arran de la la companya de la la la companya de la l		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a 3 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	ļ		
2	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		
3	B 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		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5		5		Х
6	Did the organization have members or stockholders?	6		X
7	a 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?	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or 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		х
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40	De Delite annual de la lacelate de la colonia de la coloni		Yes	No
	Da Did the organization have local chapters, branches, or affiliates?	10 a		<u> </u>
	b it 'Yes' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
	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?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		
11 12	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		х	
11	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11 a	Х	
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c	Х	
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13	x x	Х
11	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c	X X	X
11 12	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	x x	x
11 12 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14	x x	x
11 12 13 14 15	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11 a 12 a 12 b 12 c 13 14	x x	
11 12 13 14 15	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14	x x	x
11 12 13 14 15	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14	x x	x
11 12 13 14 15	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14	x x	x x
11 12 13 14 15	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is 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? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a 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 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	x x	x x
11 12 13 14 15	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is 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? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) a 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 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	11 a 12 a 12 b 12 c 13 14 15 a 15 b 16 a	x x x	x x
11 12 13 14 15 16 <u>Se</u>	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 2 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14 15a 15b 16a	x x x	x x
11 12 13 14 15 16 <u>See</u> 17	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14 15a 15b 16a	x x x	x x
11 12 13 14 15 16 <u>See</u> 17	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11a 12a 12b 12c 13 14 15a 15b 16a 16b	x x x	x x
11 12 13 14 15 16 <u>Se</u> 17 18	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	11 a 12 a 12 b 12 c 13 14 15 a 16 a 16 b	x x x	x x
11 12 13 14 15 16 <u>Se</u> 17 18	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 la Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization's CEO, Executive Director, or top management official Other officers of 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? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? cetion C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availat the public during the tax year State the name, physical address, and telephone number of the pers	11 a 12 a 12 b 12 c 13 14 15 a 16 a 16 b	X X X	X X

·										
Form 990 (2011) Asia Harvest, I						17	_		20-1648	
Ramavill Compensation of Officers Independent Contractors		ors,	Iru	ıste	es,	Key	En	nployees, Highes	t Compensated E	mpioyees, and
Check if Schedule O contains a re	sponse to	any q	uest	ion i	n th	ıs Part	VII.	<u></u>	<u></u>	<u> </u>
Section A. Officers, Directors, Tru	stees, k	(ey E	m	oloy	/ee	s, an	d H	lighest Compens	ated Employees	
1 a Complete this table for all persons requir organization's tax year	ed to be lis	sted F	Repo	ort co	omp	ensatio	on fo	or the calendar year en	ding with or within the	
 List all of the organization's current officompensation Enter -0- in columns (D), (E), and 	icers, directed	ctors, to comp	rust ens	ees atioi	(whe	ether ir is paid	ndıvı	duals or organizations), regardless of amoun	t of
 List all of the organization's current key 	y employe	es, ıf a	ny	See	ıns	tructio	ns fo	or definition of 'key emp	oloyee '	
 List the organization's five current high received reportable compensation (Box 5 of Forelated organizations 	est compe orm W-2 ar	ensate nd/or E	d en Box	nplog 7 of	yees Forr	s (othe n 1099	r tha 9-MI	an an officer, director, t SC) of more than \$100	rustee, or key employe ,000 from the organiza	ee) who ation and any
 List all of the organization's former office reportable compensation from the organization 							omp	pensated employees w	ho received more than	\$100,000 of
 List all of the organization's former dire organization, more than \$10,000 of reportable 	ectors or to compensa	t ruste ition fr	es tl om t	nat r he c	ecei orgai	ved, ir nizatio	the n an	capacity as a former of any related organiza	lirector or trustee of the tions	9
List persons in the following order individual tremployees, and former such persons	ustees or o	directo	IS, I	nstit	utior	nal trus	stee	s, officers, key employe	ees, highest compensa	ated
Check this box if neither the organization in	or any rela	ated or	gan	ızatı	on c	ompe	nsate	ed any current officer,	director, or trustee	
	-			((;)				==	
(A) Name and title	(B) Average hours per week	unles	Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from						(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	advict of traces	anstitutional faustee	Offir et	Key employee	Highest लभाएकाऽलेख साम्रोकस्थ	Fornei	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
_(1) Paul Hattaway	0000			v				_	_	•
President	20.00	Х		X	\vdash			0.	0.	0.
(2) Russell Minick	10 00	х		х				0.	0.	0.
Vice President and Secretary (3) Kirk Harbison	10.00	Λ		_	\vdash			0.	0.	<u> </u>
Treasurer	5.00	х		х				0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, l	∢е у	Em	plo	ye	es,	and	<u>d Highest Con</u>	mployees (cont)				
(A) Name and title	(B) Average hours per	box	not c , unle cer ar	ss pe id a d	tion more rson i	s both	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	ns I	amou	(F) timated int of other	
	week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		org: and	om the anization d related inizations	ı
<u>(15)</u>													
(16)									· · ·				
(17)													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Sub-total								0.	1	0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but not limited to from the organization	those I	listed	abo	ove)	who	rec	eive	d more than \$100,0	000 of reportable	comp	oensati	on	
												Yes	No
3 Did the organization list any former officer, director or on line 1a? If Yes,' complete Schedule J for such indiv						or hig	hes	t compensated em	ployee 		3		Х
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	n \$150,0	000?	nsat ' If 'Y	tion a	and com	othe	r coi	mpensation from hedule J for					
5 Did any person listed on line 1a receive or accrue com	pensati										4		X
for services rendered to the organization? If Yes, com Section B. Independent Contractors	piete S	cnec	iuie .	J IOI	suc	п ре	rsor				5		<u> </u>
Complete this table for your five highest compensated compensation from the organization. Report compensation.	indepe	nden	t cor	ntrac	ctors	tha	t rec	eived more than \$	100,000 of organization's tax	x veai			
(A) Name and business address			,	-				(B) Description)		(0	;) nsatior	1
								-					
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶	t not lim	nited	to th	nose	liste	ed at	oove) who received mo	re than				

	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
IUE CONTRIBUT	f All other contributions, gifts, grants, and similar amounts not included above	3,910,490.			
PROGRAM SERVICE REVENUE	2a				
PROGRAM	f All other program service revenue				
	3 Investment income (including dividends, interest and other similar amounts)				
	6 a Gross rents				
	7 a Gross amount from sales of assets other than inventory . b Less cost or other basis and sales expenses				
ш	d Net gain or (loss)	-150,837.	0.	0.	-150,837.
OTHER REVENUE	(not including. \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events ▶	n			
	9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	c Net income or (loss) from sales of inventory	19,663.	19,663.	0.	0.
	b c d All other revenue · · · · · · · · ·				
	e Total. Add lines 11a-11d	3,779,316	19,663.	0.	-150,837.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a res	ponse to any question in			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	130,020.	130,020.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,388,920.	3,388,920.		
4 5	Benefits paid to or for members				
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		<u> </u>		
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	b Legal				
	Accounting	1,000.	0.	1,000.	0.
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees				
	g Other				
	Advertising and promotion				
13	Office expenses	49,343.	0.	49,343.	0.
14	Information technology	4,062.	0.	4,062.	0.
15	Royalties			-,	
16	Occupancy	3,982.	0.	3,982.	0.
17	Travel	25,158.	0.	25,158.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
21					
22	Depreciation, depletion, and amortization	16,711.	0.	16,711.	0.
	Insurance				
	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)	1			
	aa b				
	c				
	d				
•	e All other expenses	111,228.	0.	24,144.	87,084.
25	Total functional expenses. Add lines 1 through 24e	3,730,424.	3,518,940.	124,400.	87,084.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ if following				
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (B) End of year (A) Beginning of year 1 103.078 233,635. 2 2 3 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 Notes and loans receivable, net 7 28,000 8 28,000. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10 a 234,830. 36,671. 213,737. 10 c 198,159. 171,354. 11 105,267. 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 Other assets See Part IV, line 11 565,061 516,169 16 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 23 23 24 24 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 Total liabilities. Add lines 17 through 25.......... 0 26 0. Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 111,889 110,723. 27 Unrestricted net assets . 27 404,280 28 454,338. Temporarily restricted net assets 29 29 R Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 5<u>65,061.</u> 33 516,169 33 516,169 34 565,061. 34 Total liabilities and net assets/fund balances

BAA

Form 990 (2011) Asia Harvest, Inc. 20-	1648411		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u> П</u>
1 Total revenue (must equal Part VIII, column (A), line 12)		3,779	<u>,316.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,730	<u>,424.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	48	<u>,892.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	516	<u>,169.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5		
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	565	,061.
Part XII Financial Statements and Reporting			<u>'</u>
Check if Schedule O contains a response to any question in this Part XII			\square
		Ye	s No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	:		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a X	:
b Were the organization's financial statements audited by an independent accountant?		2 b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c }	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			_
3 a 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?		3 a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıdıt	3 b	
BAA		Form 99	0 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Asi	a F	Harvest, Inc.							20-16	48411	_		
Part	t I	Reason for Publ	lic Charity Status	(All organizations r	nust co	mplete	this p	art.) S	ee insti	ruction	S.		
he o	rgar	nization is not a private	foundation because it	is (For lines 1 through 1	11, check	only on	e box)						
1		A church, convention	of churches or associa	tion of churches describe	ed in sec	tion 170)(b)(1)(A	\)(i).					
2		A school described in	section 170(b)(1)(A)(i	i). (Attach Schedule E))								
3		A hospital or a cooper	rative hospital service o	organization described in	section	170(b)(1)(A)(iii)						
4		A medical research or	ganization operated in	conjunction with a hosp	ıtal descı	nbed in s	section	170(b)(1)(A)(iii)	Enter th	e hospital's		
	_	name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Cor	ited for the benefit of a mplete Part II)	college or university owi	ned or op	erated b	by a gov	emment	al unit de	escribed	ın section		
6	Ц			rnmental unit described									
7		in section 170(b)(1)(A	(Complete Part	•		governn	nentai ur	nit or tro	m tne ge	nerai pu	DIIC GESCAD	ea	
8	닏			b)(1)(A)(vi). (Complete									
9	Ш	from activities related investment income an	to its exempt functions	nore than 33-1/3% of its s — subject to certain exc axable income (less sect aplete Part III)	ceptions.	and (2)	no more	than 33	-1/3% of	its supp	ort from are	SS	
10	П	An organization organ	ized and operated exc	lusively to test for public	safety S	ee sect	ion 509	(a)(4).					
11		more publicly supporte	ed organizations descr	lusively for the benefit of ibed in section 509(a)(1) in and complete lines 11e	or section	on 509(a							
		a ∏Type I	b ∏ Type II	_	– Funci		ntegrate	d		d∏	Type III -	Other	r
е		By checking this box,		zation is not controlled dian one or more publicly									
f		If the organization recipied this box		nation from the IRS that	ıs a Typ	e I, Type	ll or Ty	pe III su	pporting	organiza	ation,		
g				accepted any gift or co	ntribution	from ar	y of the	followin	g persor	ıs?			
Ī		-	•									Yes	No
		(i) A person who di below, the gover	rectly or indirectly controlly roing body of the supp	trols, either alone or toge orted organization?	ether with	person	s describ	ed in (ii) and (iii)		11 g (i)		
		(ii) A family membe	er of a person describe	d ın (ı) above?							. 11 g (iı)		
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	e?						11 g (iii)		
h		Provide the following i	information about the s	upported organization(s)								
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	your go	ation in i) listed in	(v) Did y the organ columi your su	ızatıon in ı (ı) of	(vi) is organiza colun organiza U S	ation in nn (i) ed in the	(vii) Amoui	nt of sup	port
		 			Yes	No	Yes	No	Yes	No			
A)													
		 	-										
B)					ļ								
(C)								<u>.</u>					
D)													
E)													
Γotal													

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

Schedule A (Form 990 or 990-EZ) 2011

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)

Sec	tion A. Public Support					-	
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,899,152.	4,323,900.	1,75 <u>5,31</u> 7.	1,670,957.	3,910,490.	13,559,816.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	1,899,152.	4,323,900.	1,755,317.	1,670,957.	3,910,490.	13,559,816.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						847,587.
6	Public support. Subtract line 5 from line 4 · · · · · · · · ·						12,712,229.
Sec	tion B. Total Support	<u> </u>	<u>L</u> ,				
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,899,152.	4,323,900.	1,755,317.	1,670,957.	3,910,490.	13,559,816.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,492.	1,287.	18,521.	:	0.	24,300.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						13,584,116.
12	Gross receipts from related activiti	ies, etc (see instru	ctions)			<u>12</u>	82,345.
	First five years. If the Form 990 is organization, check this box and s	stop here		thırd, fourth, or fifth	tax year as a sec	tion 501(c)(3)	<u>.</u> . ▶ ∏
	tion C. Computation of Pu						T
	Public support percentage for 201	1 (line 6, column (i	f) divided by line 1	1, column (f))	· · · · · · ·	14	93.58%
15	Public support percentage from 20						<u> %</u>
	16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
t	b 33-1/3% support test — 2010. 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						
	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-a	eets the 'facts-and and-circumstances	-circumstances' te test. The organiza	st, check this box a ation qualifies as a	and stop here. Exp publicly supported	plain in Part IV how d organization	′
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' te st The organization	st, check this box a n qualifies as a put	and stop here. Exp plicly supported org	plain in Part IV how ganization	v the
	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, o <u>r</u>			
RAA						schequie A (Form :	990 or 990-EZ) 2011

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)

Sec	tion A. Public Support					<u></u>	
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					_	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 carned on	-					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
					 	· · · · · · · · · · · ·	<u> </u>
	tion C. Computation of Pu					······································	
15	,, ,	• • •	•				
16	Public support percentage from 20				<u></u>	10	8
<u>Sec</u>	tion D. Computation of Inv	estment Incor	me Percentage	<u>e</u>			
17	Investment income percentage for	2011 (line 10c, co	lumn (f) dıvıded by	line 13, column (i	n)	17	' ક
18	Investment income percentage fro						
	a 33-1/3% support tests — 2011. If is not more than 33-1/3%, check the	his box and stop h	ere. The organizat	tion qualifies as a	publicly supported	organization	▶ ∐
b	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%, if	the organization d	lid not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/	3%, and
20	Private foundation. If the organiz		•	-	, , ,		

Schedule A (F	orm 990 or 990-EZ) 2011 Asia H	arvest, Inc.	_	20-1648411	Page 4
Ramiya S P	upplemental Information. Comert II, line 17a or 17b; and Part II see instructions).	plete this part to p l, line 12. Also cor	rovide the explanations nplete this part for any	s required by Part II, line 10; additional information.	
Securitie	es trading loss of \$48,64	7 was incurre	ed_in_2010		
and a sec	urities trading loss of	\$150,000 in 2	2011.		
					
			+ 	·	
		·			
		· 			
_ _					
		·			
_ _					
- 					
- -					
					
- -		· ·		·	

SCHEDULE D

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047 2011

Inspection

Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

20-1648411 Asia Harvest, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ∏ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Pantill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year l No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Pan Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedulė D (Form 990) 2011 Asia Harvest	, Inc.		20-164	8411	Page 2	
Part III Organizations Maintaining Coll	ections of Art, Hist	orical Treasures, or	r Other Similar Ass	ets (contir	nued)	
Using the organization's acquisition, accession, items (check all that apply)					<u> </u>	
a Public exhibition	d ☐ Loan	or exchange programs				
b Scholarly research	e Other					
c Preservation for future generations						
Provide a description of the organization's collection Part XIV	ctions and explain how the	ey further the organization	n's exempt purpose in			
5 During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, his e maintained as part of th	storical treasures, or othe e organization's collection	r sımılar 1 ²	Yes	No	
Part IV Escrow and Custodial Arrange line 9, or reported an amount on I			wered 'Yes' to Form	990, Part I	IV,	
	· · · · · · · · · · · · · · · · · · ·					
1 a Is the organization an agent, trustee, custodian, included on Form 990, Part X?			sets not	Yes	No	
b If Yes,' explain the arrangement in Part XIV and	i complete the following to	able		Amount		
a Baginnina halanaa			10	Amount		
c Beginning balance			· 1c			
ũ ,			· 1d			
e Distributions during the year			. 1e			
				Yes	TN ₀	
b If 'Yes,' explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.						
(a) Curren					arc back	
	t year (b) Prior yea	r (c) Two years back	(u) Three years back	(e) Four ye	ais back	
1 a 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	·					
	es .					
c Temporanily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%						
3 a Are there endowment funds not in the possession organization by	on of the organization tha	t are held and administere	ed for the	Yes	No	
(i) unrelated organizations				. 3a(i)		
(ii) related organizations				. 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations lis	ted as required on Sched	ule R?		. 3b		
4 Describe in Part XIV the intended uses of the or	•					
Part VI Land, Buildings, and Equipmen						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
1 a Land						
b Buildings		183,589.	13,925.	16	9,664.	
c Leasehold improvements						

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Schedule **D** (Form 990) 2011

198,159.

Sche	edule D (Form 990) 2011 Asia Harvest, Inc.	20-1648411	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
_			
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_
á	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	1 Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
3	Subtract line 2e from line 1		
3	l l		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
t	Prior year adjustments		
	Other losses		
	I Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · ·	
٠,	Investment expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)		
	Add lines 4a and 4b	. 4 c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information	,	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete this additional information	es 1b and 2b, s part to provide	
			·
		-	· -
			
	·		· -

Schedule D (Form 990) 2011 Asia Harvest, Inc.	
Schedule D (Form 990) 2011 Asia Harvest, Inc. Part XIV Supplemental Information (continued)	
	<u></u>
	 -
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2011

Employer identification number

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization 20-1648411 Asia Harvest, Inc Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 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? 1 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) (c) Number (e) If activity listed in (f) Total (a) Region (b) Number of (d) Activities conducted in region (by type) (e.g., fundraising, program (d) is a program service, describe offices in the of employees, expenditures for agents, and and investments region ındependent services, investments, specific type of in region contractors grants to recipients service(s) in region in region located in the region) (1) East Asia and Pacific O Grants-recipients in region Support & relief 3,389,683. (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17) 3 a Sub-total 0 0 3,389,683. **b** Total from continuation sheets to Part I 0 3,389,683. c Totals (add lines 3a and 3b) 0

Page 2 20-1648411

Asia Harvest, Inc

Schedule F (Form 990) 2011

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 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 (g) Amount of non-cash assistance (f) Manner of cash disbursement Wire Wire Wire Wire Wire Wire Wire 2,458,480. 70,000. 167,150. 70,864. 119,720. 418,706. 84,000. (e) Amount of cash grant East Asia and Pacific Asia Disaster Relief Fund East Asia and Pacific Southeast Asia Bible Fund East Asia and Pacific China Bible Fund Bast Asia and Pacific Living Martyers' Fund East Asia and Pacific Project Smile East Asia and Pacific Back to Jerusalem Asian Workers Fund (d) Purpose of grant East Asia and Pacific (c) Region Part II can be duplicated if additional space is needed (b) IRS code section and EIN (if applicable) (a) Name of organization 5 (1) (13) (1) থ <u>ම</u> 9 (2) (12) (15)(16) 3 **ම ©** 6 5 ~

Enter total number of other organizations or entities. . .

Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 Asia Harvest, Inc.

[Partill 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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 18 BA BA 2 ପ 9 3 9 8 6 E 5 9 (1) (12) 14 3 (15) (16)

Sche	edule F (Form 990) 2011 Asia Harvest, Inc. 20	-1648411	Page 4
	fallVid Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund duning the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		X No
DAA		Cob odulo E /For	- 000\ 0044

Supplemental Information
Pt I Line 2 The organization finds U.Sbased and foreign charities who are
targeting the same group of people in Asia as this organization, and funds the
specific projects of these charities. The board member(s)periodically
travel to these sites and organizations to determine that
these projects are being carried out as promised.

Schedule F (Form 990) 2011 Asia Harvest, Inc.

20-1648411

Page 5

Open to Public Inspection OMB No 1545-0847 2011 Employer Identification number X Yes 20-1648411 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. Attatch to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Part I General Information on Grants and Assistance Asia Harvest, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990)

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Z Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States	Procedures for mornico	Ing the use or grant in	Unds in the United States	John Chata	MACE CONTRACT CONTRACT OF THE PROPERTY OF THE	ooy, bosomore	4,
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	or any recipient the	ents and Organiat received more	and Organizations in the United States. Complete it the organization answered ites to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	this box if no one	e ii iiie organiizani recipient received	more than \$5,000	
1 (a) Name and address of organization or government if application (b) EIN (c) IRCs (f application or government if application in application or government if application in the paper is a paper in the paper in	additional space is	(c) IRC section	(d) Amount of cash grant	(e) Amount 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) Minorities for Christ Int PO Box 62047 Sunnvale CA 94088	20-3283683	501(C)(3)	56,700.				Asian Workers
Chi.	1	501(C)(3)	24,000.				Back to Jerusa
(3) Target Ministries PO Box 45766 Baton Rouge LA 70895	98-0134249	501(C)(3)	7,800.				Back to Jerusa
(4) Gotta Go Corporation _ 34179 Golden Lantern #105 Dana Point CA 92629	20-1824854	501(C)(3)	41,520.				China Bible Fu
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations are total number of other preparations listed in the line 1 table) and government organisations and second	ا تا	line 1 table				4 0
BAA For Paperwork Reduction Act Notice, see the Instructions for	e, see the Instruction	s for Form 990.		TEEA3901 06/01/11	06/01/11	Sched	Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 20-1648411 and funds the specific projects of these charities. The board member(s) (e) Method of valuation (book, FMV, appraisal, other) determine that these projects are being carried out as promised. targeting the same group of people in Asia as this organization The orgnization finds U.S.-based and foreign charities who are periodically travel to these sites and organizations to (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Asia Harvest, (a) Type of grant or assistance Schedule I (Form 990) (2011) Part I, Line 2 Part III Part IV

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Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization Asia Harvest, Inc		20-1648411
ASIA HAIVESC, INC		20 10111
Pt_VI,_Line_11a_	The board examines the Form 990 along with the f	inancial
	statements to ensure the accuracy of both finance	ial and
	_non-financial information included.	
Pt VI, Line 12c	Any conflicts of interest are discussed at each	board meeting
	_which_is_usually_held_twice_a_year Board_membe	rs
	_are_reguired_to_keep_financial_activities_separa	te_from
	the organization, and no contracts, etc. are awa	rded
	to any board members. Form 990 is available upon	request
Pt_VI, Line 19	_Governing_documents, conflict_of_interest_policy	r,_and
	_financial statements are made available upon rec	ruest
		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		_

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code.	Description:	Other program services - provide financial support	to
Expenses	423,814.	other projects in Asia, such as disaster relief,	
Grants Of	424,577.	medical surgeries, Bibles and study materials,	
Revenue.	0.	etc.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundralsing
Merchant fees	15,476.		15,476.	
Ministry development	80,034.			80,034.
Newsletter	14,100.		7,050.	7,050.
Other	1,618.		1,618.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer Identification number

(f) Direct controlling entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 20-1648411 (e) End-of-year assets Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity Inc. Asia Harvest, Name of the organization 3 ପ୍

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	)(13) entity?
						Yes	No
(1) Asia Harvest Trust							
Queenstown, NZ	Support & relief						
86-662-469	in East Asia	NZ	501(c)(3)	509(a)(1)	N/A		×
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Schedule R (Form 990) 2011

TEEA5001 09/08/11

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

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Schedule R (Form 990) 2011 Asia Harvest, Inc.

(k) Percentage ownership [চুর্কায়ে aldentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, aldentification of Related Organizations treated as a corporation or trust during the tax year.) Partills Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (j) General or managing partner? ŝ Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportonate
allocations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of
related organization 1 1 1 = 2 ପ୍

		מנער מז מ ככול			- To 2		
(e) -	(a)	(O)	(Đ)	(a) ~	<b>(</b> .)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile  (state or foreign controlling entity)  country)  Legal domicile  controlling entity (C corp, S		Share of total income	Snare of end-of-year Percentage assets ownership	Percentage
(1)							
	-						
(2)							
					!		
(3)							
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			-
Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	listed in Parts II-IV?			1	7
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					×
<b>b</b> Gift, grant, or capital contribution to related organization(s) · · · · · · · · · · · · · · · · · · ·			٦ - :		×
c Gift, grant, or capital contribution from related organization(s)			1c		×
			19		×
(a) and the state of the state			-	l	,
e Loans of loan guardinees by related organization(s)			:		- ا
f Sale of assets to related organization(s)			11	!	×
a Purchase of assets from related organization(s)			1g		×
			÷		×
					×
			1	,	
j Lease of facilities, equipment, or other assets from related organization(s) · · · · · · · · · · · · · · · · · · ·			<u>.</u>		×
k Performance of services or membership or fundraising solicitations for related organization(s)			÷		×
1 Performance of services or membership or fundraising solicitations by related organization(s)			<del>-</del>	1	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				+	×
n Sharing of paid employees with related organization(s)			- <del>1</del>	$\dashv$	×
					   •
Selmoursement paid to related organization(s) for expenses			:		<  ×
p Reminuisement paid by leigied diganization(s) for expenses				$\dagger$	4
a Other transfer of cash or property to related organization(s)			19	1	×
r Other transfer of cash or property from related organization(s)			. 1r		×
2 If the answer to any of the above is Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ered relationships and tra	insaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	stermir ivolved	guing 1
(1)					
(3)					
4					
(5)					
(9)					
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Schedule R (Form 990) 2011 Asia Harvest, Inc.

[ParkWill] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(j) General or managing partner?	(k) Percentage ownership
			from tax under section 512-514)	Yes No			Yes No	Form (1065)	Yes No	_
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(2)						-	-			
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(8)										
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Schedule R (	Form 990) 2011	Asia H	arvest,	Inc.				_:	20-16484	11	Page 5
Part VII	Form 990) 2011  Supplementa  Complete this (see instruction	I Informa part to pr	tion ovide add	itional inf	ormation fo	r response	s to questi				
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# Form 4562

#### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury Internal Revenue Service ► See separate instructions. ► Attach to your tax return. Name(s) shown on return Identifying number Asia Harvest, Inc. 20-1648411 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . 3 4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions........... 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . Tentative deduction Enter the smaller of line 5 or line 8 . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11..... 12 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 . . . . . ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) . . . 16 Part III | MACRS Depreciation (Do not include listed property ) (See instructions ) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 . . . 17 11,649. Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) Classification of property (b) Month and (g) Depreciation (business/investment use Recovery period year placed in service only - see instructions) 19 a 3-year property . . . . . **b** 5-year property . . . . . 1,133. 7.0 yrs HY 200 DB 162. c 7-year property . . . . . d 10-year property . . . . e 15-year property . . . f 20-year property . . . . . g 25-year property . . . . . 25 yrs S/L h Residential rental 27.5 yrs S/L MM property . . . . . . . . 27.5 yrs MM S/L S/L MM i Nonresidential real 39 yrs MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life . . . . . . . . S/L **b** 12-year . . . . . . . . . 12 yrs S/L 40 yrs S/L Part IV | Summary (See instructions ) 21 4,900. Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions . . . 16,711.

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	Section	on A – Depreci	ation and Oth	er Inform	ation (Ca	aution:	See the									
24 a	Do you have eviden	ce to support the b	usiness/investme	nt use claim	ed?	2	Yes	П,	No	24b If 'Ye	s,' is the e	evidence	wntten?.	X	Yes	No
Ту	(a) rpe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ess/investm se only)	tion ent	R	(f) Recovery period	Meth Conve	nod/	Depr	h) ecation uction	Elec	i) cted in 179 ost
25	Special deprecia	ation allowance 50% in a qualifi	for qualified lis	ted prope	rty placed	d in serv	ice duni	ng the	e tax	year an	d 	25				
26	Property used m	nore than 50% ir	n a qualified bu	ısıness us	e											
200	7 Dodge NITRO	01/01/10	100.00	19	,719.		19,71	١9.		5.00	200 I	B-HY	4	1,900.	<u> </u>	
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27	Property used 50	0% or less in a o	qualified busin	ess use							<del></del>					
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						<u> </u>					<u> </u>				-	
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	Add amounts in		_				_					28		4,900.	├	
	Add amounts in	column (i), line	26 Enter nere	Section I								<u>:</u>	<u> </u>	29		
O	plete this section	f									lated pe	roop li	f vou pro	wdod vob	uolos	
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30	Total business/ii			1 '	icle 1	•	cle 2	l۷	•	de 3	Vehic			cle 5	Vehic	
	during the year ( commuting miles	.   ''	10.0		0.0 _		•				10					
31	-															
32	11 Total commuting miles driven during the year															
33	Total miles drive						-					-				
	J			Yes	Yes No		No	Ye	s	No	Yes	No	Yes No		Yes	No
34	Was the vehicle during off-duty h															
35	Was the vehicle than 5% owner	used primanly l or related perso	by a more n?													
36	Is another vehic personal use?	le available for		.												
			C - Question	-	-					_						
Ansv 5% d	ver these question owners or related	ns to determine persons (see in	ıf you meet ar structions)	exception	n to comp	oleting S	ection B	for v	ehic	les used	by emp	loyees	who are	not more	than	
37	Do you maintain by your employe										muting,				Yes	No
38	Do you maintain	a written policy the instruction	statement that	it prohibits	persona	l use of	vehicles directors	, exc	ept o	commutii	ng, by yo	ur 				
39	Do you treat all	use of vehicles I	by employees	as person	al use?									[		
40	Do you provide i				es, obtair		ation fro	m yo	ur ei	mployees	about t	he use	of the			
41	Do you meet the															
Pai	rt VI Amorti															<del>'</del>
	•	(a) cription of costs		Date ar	(b) mortization		(c) Amortizab	le	i	(d	ie	Amo	(e)		(f) nortization	
	A				egins		amount			secti	UN .		nod or centage	fo	r this year	
42	Amortization of	costs that begin	s auring your :	∠∪11 tax y T	ear (see	instructi	ons)		$\overline{}$			т —		<del></del>		
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43	Amortization of	costs that bega	n hefore vour	2011 tav v	/ear								. 43			
44		ounts in column	-	•									44	<del>                                     </del>		
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