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# Form **990**

**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 2011

Open to Public

Department of the Treasury Internal Revenue Service

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

<u> </u>	For the 2	<u>ul i caien</u>	dar year, or tax year beginn	ing,	<u> 2011, a</u>	na enain	g			<u>,</u>	
В	Check if app	licable	C Name of organization Chi	na Harvest, Inc.				D Employ	er Ideni	tification Number	
	Address	change	Doing Business As					54-	1852	027	
	Name o	hange	Number and street (or P O bo	x if mail is not delivered to street addr)		Room/s	suite	<b>E</b> Telepho	ne num	ber	
	Initial re	-	P. O. Box 12249					(31	6) 9	42-8295	
	Termina		City, town or country		State Z	IP code + 4					
	$\blacksquare$	ed return	Wichita		KS (	67277-	2249	G Gross r	eceints	\$1,013,33	37.
		tion pending		officer				a group retur			
		uon penamg	Gary A. Russell P. O. 1		KS 4	57277-224		affiliates inc		Ye	
ī -	Tax-exem	nt etatue	X 501(c)(3) 501(c) (		a)(1) or	527	If 'No,'	attach a list	(see in	structions)	
÷	Website			) - (IIISELT 110 )   4547 (6	1/(1/01 1	JL1	H/a) Croup	exemption ni		•	
÷		<del></del>	X Corporation Trust	A	Ti v		on 199	<del></del>		legal domicile K	
K		rganization		Association Other	↑ L rea	ar or Format	10H 133	/   1111 3	tate or	legal domicile A	<u>5</u>
116		Summar		n or most significant activities	The	nrim	27V AV	empt r	urn	ose of	
				trategic catalyst f					<u>arp</u>	556 5F	
Activities & Governance			vorldwide.		-01-0	77.7.		111000			
Ē	1	26-31									
Ş	2 Che	ck this bo	ox > If the organization	discontinued its operations or	dispose	ed of more	e than 25	% of its n	et asse	 ets	
ğ			oting members of the govern						3		10
<b>8</b> 0				of the governing body (Part VI,	, line 1b	)			4		
/itie	5 Tota	al number	r of individuals employed in	calendar year 2011 (Part V, Iın	ie 2a)				5		8 5 3
듕	1		r of volunteers (estimate if n	-					6		
⋖			ed business revenue from P						7 a		0.
_	<b>b</b> Net	unrelated	business taxable income fr	om Form 990-T, line 34			<del></del>		7b		
							<u>P</u>	rior Year		Current	
0			and grants (Part VIII, line 1				<u> </u>	785,2	49.		3,117.
Revenue	ı	-	vice revenue (Part VIII, line				<b></b>				5,250.
ě	1		ncome (Part VIII, column (A)	· · · · · · · · · · · · · · · · · · ·					64.		7,006.
11	ı			es 5, 6d, 8c, 9c, 10c, and 11e)	۱	10)			20.		1,466.
				must equal Part VIII, column (A	4), line	12)	<del> </del>	787,1	_		2,827.
	i		imilar amounts paid (Part I)					476,187.		49.	1,774.
			I to or for members (Part IX,				211,698.			1.0	0.
ø			· · ·	benefits (Part IX, column (A),	lines 5	10)		211,6	98.	18	7,098.
Expenses	<b>16a</b> Pro	fessional	fundraising fees (Part IX, co	olumn (A), line 11e)							_
ĝ	<b>b</b> Tota	al fundrais	sing expenses (Part IX, colu	mn (D), line 25) 🟲	5	,523.	, + ,		:	2,500	-
ũ	17 Oth	er expens	ses (Part IX, column (A), lin	es 11a-110, 144-249, -0, 7-7		7.		80,8	14.	7	0,289.
	18 Tota	al expens	es Add lines 13-17 (must e	qual Part IX, column (A), line 2	25)			768,6	99.	74	9,161.
	19 Rev	enue less	s expenses Subtract line 18	from ine 12	္ဆိုင္စ			18,4			3,666.
800				路 AUG 2 0 201	2 6	5	Beginnir	ng of Curren		End of \	_
100	20 Tota	al assets	(Part X, line 16)	A00 2 0 201				351,5			2,182.
Asset 1 Bolar	21 Tot	al Irabilitie	es (Part X line 26)		] <u>≅</u>	[]		13,8			0,752.
ž	22 Net	assets or	r fund halances. Subtract lin	e 21 flom lin OGDEN, U	IT	1		337,7			1,430.
P	rt'll S	Signatu	re Block	o E : Nont imp 20	<u>-</u> -			<u> </u>	<u> </u>		<u>- / 1001</u>
				rn uncluding accompanying schedules a	nd stateme	ents and to	the best of n	ov knowleda	and he	dief it is true corr	ect and
S-Com	plete Declara	ation of preparation	arer other than office in based on	rn, including accompanying schedules a all information of which preparer has any	knowledg	e	the best of h	ny knowicago	and be	mer, it is true, con	oct, and
<del>[]</del>			OS CHIN					Aub	10	17012	
®\$i	ın	Signati	ure of officer				Da	te		1 62	
≅He	re	Ste	ve Miller				Board	d Secr	etar	·v	
<u>a</u>			r print name and title		_					<del></del>	
<u>~~</u>		Print/Type i	preparer's name	Preparer's signature		Date		Check	ıf	PTIN	_
ĢPa	:d		e W. Jahn	· -				self-employ	-	P0071229	4
Era Lip.	eparer	Firm's nam		ATES, INC.				con-employ			
	e Only							Ermin EIN	<b>-</b>		
<b>F</b>	,	Firm's addr			23467			Firm's EIN			
<u>J</u>	, the IDC	diagram = 41	VIRGINIA BEAC			<del> </del>		Phone no		X Yes	No
				hown above? (see instructions				· ·			990 (2011)
RA	A FOr Par	oerwork R	Reduction Act Notice, see th	e separate instructions.		TEE	EA0101 07.	/05/11		Form a	/ <b>30</b> (2011)

Forn	990 (2011) China Harvest, Inc.	54-18520	27 Page <b>2</b>
Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		•
	The primary exempt purpose of China Harvest, Inc.: A strategic		
	catalyst for service to Chinese people worldwide.		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
	If-'Yes,' describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported.	ount of grants ar	nd allocations to
48	a (Code:) (Expenses \$ 577,828. including grants of \$ 490,774.) (F	Revenue \$	0.)
	Contributed financial support to those who have similar service		in
	Eastern Asian countries. In addition to the above programs, fund		
	provided for humanitarian needs, giving food to the needy, supp		
	to those who can't work, medical assistance, etc.		
41	(Code) (Expenses \$ 26,985. including grants of \$ 0.) (F Worked on planning and logistics associated with leading indivi	<u>duals_on_f</u>	uture trips
	to China. In the past, trip participants have expressed a desi	re to help	tre beobie
	of China.		
4	c (Code) (Expenses \$96,838. including grants of \$0.) (Fig. 1)	≀evenue \$	0.)
	Service and administrative activities associated with multiple		
	cannot be allocated to any one program but are necessary to con		
	primary exempt purposes of this organization.		
		<b>_</b>	<b></b>
		<b>_</b>	
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
_4	e Total program service expenses ► 701, 651.		
BA/	TEEA0102 07/05/11		Form <b>990</b> (2011)

Form 990 (2011) China Harvest, Inc.
Rankly Checklist of Required Schedules

	- <del> </del>			
			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	<u>x</u> _	
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		
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
0	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	Contain 4	X
1	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	х	
t	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		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		х
c	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<u>1</u> 1 f		х
<b>2</b> 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
	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	1 <u>2</u> b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4a</u>		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		X
Ŀ	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) China Harvest, Inc.

Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the exampletion report more than \$5 000 of example and other equiptions to go overments and exampletions in the			
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? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 :	a 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, 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
ı	b Dtd 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		
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		<u>x</u>
I	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		<u>x</u>
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	<b>.</b>	X
	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):	**************************************	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, : 
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c	х	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		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u> </u>
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		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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		<u>x</u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
BAA		Form	990 (	(2011)

	Check if Schedule O contains a response to any question in this Part V				
	officer if concedure o contains a response to any question in this tract			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	$\dashv$		-110_
	· · · · · · · · · · · · · · · · · · ·	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors ar	od ranostable gaming	1		
•	(gambling) winnings to prize winners?	in reportable garriing	1 c		
2:	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 5			
ı	olf at least one is reported on line 2a, did the organization file all required federal employment tax	c returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
ı	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4:	At any time during the calendar year, did the organization have an interest in, or a signature or or	other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other finan	icial account)?	4a		Х
	olf 'Yes,' enter the name of the foreign country		1		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ansaction?	5b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and of solicit any contributions that were not tax deductible?	did the organization	6a		x_
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contri- not tax deductible?	butions or gifts were	6ь		
	Organizations that may receive deductible contributions under section 170(c).				
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	y for goods and	7a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	•	7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was required to file	_		
	Form 828Ž <sup>7</sup>	1	7с		<u> </u>
		7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		Х
(	g If the organization received a contribution of qualified intellectual property, did the organization fi as required?	ile Form 8899	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org Form 1098-C?	anization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o	rganizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have	excess business	8		
•	holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		9a		
	a Did the organization make any taxable distributions under section 4966?		9b		
	o Did the organization make a distribution to a donor, donor advisor, or related person?		30		
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	0 a	j		
		0b		1	
	Section 501(c)(12) organizations. Enter	<u> </u>			
	1	1a			
	o Gross income from other sources (Do not net amounts due or paid to other sources		ľ	ĺ	i
	against amounts due or received from them)	1b	12.		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	2b	12a		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ı		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
•	a 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		134	-	
			ļ		
	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	зь	l		
		3c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sche	edule O	14b		

Porm	1990 (2011) China Harvest, Inc. 54-1652027			age 0
Par	<b>t VI</b> Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.	low, a	and f n	or
	Check if Schedule O contains a response to any question in this Part VI			х
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	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	3		
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		Х
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		х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5 6		X
6 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?	7a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	a The governing body?	8a	X	
Ŀ	Each committee with authority to act on behalf of the governing body?	8b	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
	Delilion and the bound of the state of the s	10a	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?  o 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?	10a		^
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ŧ	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	X	
	a The organization's CEO, Executive Director, or top management official	15a 15b		
	b Other officers of key employees of the organization . If 'Yes' to line 15a or 15b, describe the process in Schedule O(See instructions)	130	Α_	-
16.	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
ı	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?	16b		
Sec	ction C. Disclosure			_
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	/aılable	for p	ublic
	Own website Another's website X Upon request			
19	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 orga	nizatior 316) !		8205
BAA	257777777777777777777777777777777777777			(2011)

Form <b>990</b> (2011)	China	Harvest.	Inc.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) (B) Name and title (B) Average (do not check more than one box, unless person is both an officer Reportable	(E)  Reportable compensation from	(F)
	L compensation from	Estimated
hours per week (describe hours for related organizations in Schedule O)  hours for related organizations in Schedule O)	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
_(1) C. Beck 	0.	0.
(2) J. Brown Director/Treasurer 1.00 X X 0.	0.	0.
	0.	0.
	0.	0.
	0.	0.
(6) S. Miller Director/Secretary	0.	38,297.
	. 0.	49,376.
	0.	0.
	. 0,	0.
(10) M. Winn Director 1.00 X 0.	. 0.	0.
(1)		
(13)		
(13)		
(14)		

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Εm	plo	ye	es,	and	Highest Com	pensated Emp	loyees	(cor	nt)
(A) Name and title	(B) Average hours per	box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated int of oth pensation	her				
-	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/10 <del>99</del> -MISC)	org ar	om the anization d related anization	d
<u>(15)</u>									·-			
(16)									-			
٣												
(18)												
(19)												
(20)												
(21)												
(22)										ļ		
(23)												
(24)												
(25)	-										_	
1 b Sub-total c Total from continuation sheets to Part VII, Section A	4						<b>&gt;</b>	30,288.	0	•	87,6	<u> </u>
d Total (add lines 1b and 1c)			<del></del>	<del>.</del>			<b>&gt;</b>	30,288.				<u> 673.</u>
2 Total number of individuals (including but not limited from the organization ►	to tho	se II:	sted	abo	ve)	who	rece	eived more than \$	100,000 of reporta	ole comp		<del>,</del>
3 Did the organization list any former officer, director	or trust	ee, l	кеу б	emp	loye	e, oı	hig	hest compensated	l employee	3	Yes	No X
on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of re	oortable	e cor	nper	nsat	ion :	and o	othe	r compensation fro	om		1	Λ
the organization and related organizations greater the such individual  5 Did any person listed on line 1a receive or accrue or									ndıvıdual	4		Х
for services rendered to the organization? If 'Yes,' c  Section B. Independent Contractors	omplet	e Sc	hedu	ile J	for	suct	pei	rson		5	l	Х
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ed inde	pend	lent	con	trac	tors	that	received more tha	in \$100,000 of	tav vea		
(A) Name and business address		101	ile C	alei	luai	<u>yea</u>	CIII	Description			C)	on
		-										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	lımı	ted t	to th	ose	liste	d at	pove) who received	d more than		,	

rai	t viii   Statement of Revenue				
		<b>(A)</b> 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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lins 1a-1f \$ 249,999.				
중폭	h Total. Add lines 1a-1f	763,117.			
	Business Code				
PROGRAM SERVICE REVENUE	2a Asian trip fees 561520	5,250.	5,250.	0.	0.
<u> </u>	<u></u>				
M SE	d				<del></del>
<u> </u>	6 All other program converse revenue				
20	f All other program service revenue	5 250		L	
<u>-</u>	g Total. Add lines 2a-21	5,250.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	771.	0.	0.	771.
	5 Royalties				
	(i) Real (ii) Personal				
1	6a Gross rents 1,020.				
	<b>b</b> Less <sup>-</sup> rental expenses				
	c Rental income or (loss) 1,020.				
	d Net rental income or (loss)	1,020.	0.	0.	1,020.
	(i) Securities (ii) Other	_, 5_5	3.		
	assets other than inventory 242, 222.				
	b Less cost or other basis and sales expenses 249, 999.				
	c Gain or (loss) -7,777.				
	d Net gain or (loss)	-7,777.	0.	0.	-7,777.
UE	8a Gross income from fundraising events (not including \$		<u> </u>	······································	
OTHER REVEN	of contributions reported on line 1c).  See Part IV, line 18		,		
꾶	<b>b</b> Less: direct expenses <b>b</b>				
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns			**********	
	and allowances a 680.				
1	<b>b</b> Less cost of goods sold <b>b</b> 511.			ļ	ļ
	c Net income or (loss) from sales of inventory	169.	169.	0.	0.
	Miscellaneous Revenue Business Code				
	11a Refunds from prior year exp(s) 900099	277.	277.	0.	0.
	b				-
	c	<del> </del>		<del> </del>	<del> </del>
	d All other revenue		ļ		<del> </del>
	e Total. Add lines 11a-11d	277.		ļ	ļ
	12 Total revenue. See instructions	762,827.	5,696.	0.	-5,986.

Form 990 (2011)

# 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 re	<del></del>			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to governments and organizations in the United States See Part IV, line 21	325,806.	325,806.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	18,500.	18,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	147,468.	147,468.		
4 Benefits paid to or for members .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	124,164.	119,949.	21.	4,194.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	44,283.	21,282.	22,384.	617.
Pension plan accruals and contributions     (include section 401(k) and section 403(b)     employer contributions)	240.	240.	0.	0.
9 Other employee benefits	16,050.	15,314.	24.	712.
10 Payroll taxes	2,361.	13,314.	2,361.	712.
11 Fees for services (non-employees)		— <del>——</del>	2,301.	
a Management				
<b>b</b> Legal	<del></del>		<del></del> +	
c Accounting	7,465.	0.	7,465.	0.
d Lobbying	7,403.	- 0.	7,403.	
e Professional fundraising services See Part IV, line 17				
f investment management fees .				<del></del>
g Other				-
12 Advertising and promotion				
13 Office expenses	12,565.	8,482.	4,083.	0.
14 Information technology	4,192.	2,945.	1,247.	0.
15 Royalties				
16 Occupancy	4,762.	4,762.	0.	0.
17 Travel	22,082.	22,082.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	5,571.	5,571.	0.	0.
20 Interest	3,0,11			
21 Payments to affiliates			——— <del>——</del> +	
22 Depreciation, depletion, and amortization	4,454.	2,934.	1,520.	
23 Insurance 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.)	2,297.	0.	2,297.	0.
a Books/subscriptions	577.	577.	0.	0.
b Maintenace	200.	44.	156.	0.
c Contract services-translation	4,000.	4,000.	0.	0.
d Membership licenses/dues	456.	300.	156.	0.
e All other expenses	1,668.	1,395.	273.	0.
25 Total functional expenses. Add lines 1 through 24e	749,161.	701,651.	41,987.	5,523.
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 <b>990</b> (2011)

Page 11

191,272.

6,148.

8,398.

102,343.

462,182.

97,750.

12,852.

110,752.

163,843.

187,587.

351,430

462,182.

31

32

33

34

337,764

351,590

150.

BALANCES

32

33

34

**Balance Sheet** (A) Beginning of year End of year 46,678 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 182,569 154,021. 3 Pledges and grants receivable, net 10,650 4 Accounts receivable, net 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 5,467 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 128,344 10a 106,226. 10b 26,001 10 c b Less: accumulated depreciation Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 351,590 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,114. 17 17 Accounts payable and accrued expenses 10,562. 18 18 Grants payable 150 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 ABILITIES 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 13,826 26 26 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 175,471 27 27 Unrestricted net assets 162,293 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

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Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form <b>990</b> (2011) China Harvest, Inc	<u>-1852027</u>	Page 12		
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	762,827.		
2 Total expenses (must equal Part IX, column (A), line 25)	2	749,161.		
3 Revenue less expenses. Subtract line 2 from line 1	3	13,666.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	337,764.		
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	351,430.		
Part XII Financial Statements and Reporting		_		
- Check if Schedule O contains a response to any question in this Part XII				
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		Yes No		
in Schedule O	ف			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u> </u>	2a X		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<u> </u>	2b X		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c		
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 issue separate basis, consolidated basis, or both	dona	A A A A A A A A A A A A A A A A A A A		
Separate basis Consolidated basis Both consolidated and separate basis	ļ.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	3a X		
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	3b		
BAA		Form <b>990</b> (2011)		

TEEA0112 07/06/11

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(A)

(B)

(C)

(D)

**(E)** 

Total

**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.

ection

Open to Public

OMB No 1545-0047

Open to Public

Employer Identification number Name of the organization 54-1852027 China Harvest, Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type II 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 If the organization received a written determination from the IRS that 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? 11 g (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (vi) Is the (vii) Amount of support (i) EIN (iv) is the (i) Name of supported organization in column (i) organization in column (i) listed in organization organized in the (see instructions)) your governing document? Yes No Yes Yes

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				<del></del>		
Cale begi	endar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	665,091.	857,152.	732,913.	785,249.	763,117.	3,803,522.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3	665,091.	857,152.	732,913.	785,249.	763,117.	3,803,522.
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)					-	1,299,914.
6	Public support. Subtract line 5 from line 4		····				2,503,608.
Sec	tion B. Total Support	L	-·- <u>.</u>	<u></u>	<u> </u>		2,303,606.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	665,091.	857,152.	732,913.	785,249.	763,117.	3,803,522.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,806.	3,470.	1,659.	1,573.	1,791.	17,299.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			=,		2,7021	11/2551
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,641.	277.	1,918.
11	Total support. Add lines 7 through 10						3,822,739.
12	Gross receipts from related activi	ties, etc (see instri	uctions)			12	35,024.
	First five years. If the Form 990 i organization, check this box and	stop nere		third, fourth, or fi	fth tax year as a	section 501(c)(3)	<u>▶</u>
	tion C. Computation of Pul					<del></del>	<del></del>
15	Public support percentage for 20° Public support percentage from 2		•	II, column (f))		. 14	65.49% 64.88%
	33-1/3% support test - 2011. If the			v on line 13 and t	the line 14 is 22 1		<del></del>
	and <b>stop here.</b> The organization of	qualifies as a publi	cly supported orga	anızatıon			► X
b	33-1/3% support test — 2010. If the and stop here. The organization of	ne organization did qualifies as a public	not check a box o cly supported orga	on line 13 or 16a, inization	and line 15 is 33	·1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances termore, and if the organization in the organization meets the 'facts-	neets the 'facts-and	d-circumstances' t	est, check this bo	x and stop here. I	Explain in Part IV	l0% how ► □
	10%-facts-and-circumstances te or more, and if the organization re organization meets the 'facts-and	neets the 'facts-and -circumstances' te	d-circumstances' t st. The organization	est, check this bo on qualifies as a p	x and stop here. I publicly supported	Explain in Part IV organization	how the ▶
18 BAA	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, o			octions

### 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		<del></del>	<del></del>			
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 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. The value of services or 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						
ŀ	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	Г					1
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	- <u>-</u>	<del>-</del>		<del></del>		<del></del>
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 Ins 9, 10c, 11, and 12)					L	
14	First five years. If the Form 990 organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 501(c)(3	) ▶ □
	tion C. Computation of Pu			<del></del>			<del></del>
15	Public support percentage for 20	•	•	13, column (f))		15	8
16						16	- 8
Sec	tion D. Computation of Inv			~~~~~		<del></del>	<del></del>
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage fr		•			18	<u> </u>
	a 33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	s a publicly suppor	ted organization	►□
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	ilifies as a publicly	supported organ	3-1/3%, and inization .
_20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	i, 19a, or 19b, ch	eck this box and s	see instructions	

Schedule A (Form 990 or 990 EZ) 2011 China Harvest, Inc.	<u>54</u> -1852027	Page <b>4</b>
Part IV Supplemental Information. Complete this part to provide the explanar Part II, line 17a or 17b; and Part III, line 12. Also complete this part for (See instructions).	tions required by Part II, line or any additional information.	10;
Other Income Part II, Line 10		
Description: Refunds-prior year expenses		
2010: 1641.		
2011: 277.		
	·	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	·	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number China Harvest, Inc 54-1852027 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements, Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area 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 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register 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, Yes No 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X

•						
Schedule D (Form 990) 2011 Chin	a Harvest, In	c.		54-185	2027	Page
Part III Organizations Mainta			al Treasures, or C	ther Similar Ass	ets (cor	
3 Using the organization's acquisiti items (check all that apply)	on, accession, and o	ther records, check a	ny of the following tha	t are a significant use	of its coll	ection
a Public exhibition		d \ Loan or ex	change programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the orgal Part XIV	nızatıon's collections	and explain how they	further the organization	on's exempt purpose	ın	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mair	donations of art, hist stained as part of the	orical treasures, or othorganization's collection	ner sımılar on? . [	Yes	∏No
Part IV Escrow and Custodia	I Arrangements.	Complete if the	organization answ	ered 'Yes' to For	m 990,	Part IV,
line 9, or reported an	amount on Form	990, Part X, line	21.			
1 a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or oth	ner intermediary for c	ontributions or other a	ssets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following tat	le <sup>.</sup>			
					Amount	
c Beginning balance				1c		·
<b>d</b> Additions during the year				1 d		
e Distributions during the year				_ 1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	☐ No
<b>b</b> If 'Yes,' explain the arrangement						
Part V   Endowment Funds. Co	omplete if the org	<u>janization answe</u>		990, Part IV, line	<u>: 10</u>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	<b>(e)</b> Fou	ır years back
1 a Beginning of year balance			<u> </u>			
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					T	
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (line 1g,	column (a)) held as:			
a Board designated or quasi-endov	=	8				
<b>b</b> Permanent endowment ►	8	<del></del>				
c Temporarily restricted endowmer	nt ►	ક				
The percentages in lines 2a, 2b,	and 2c should equal	<del></del> 100%.				
3a Are there endowment funds not a organization by:	n the possession of the	he organization that a	re held and administe	red for the	[ <u>v</u>	res No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations listed as	s required on Schedul	e R?		3b	
4 Describe in Part VIV the intended	-	•				

Part VI Land, Buildings, and Equip	oment. See Form 990, Pa	irt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		46,000.		46,000.
<b>b</b> Buildings		56,843.	5,244.	51,599.
c Leasehold improvements				
<b>d</b> Equipment		24,479.	19,735.	4,744.
<b>e</b> Other		1,022.	1,022.	0.
Total. Add lines 1a through 1e (Column (d) n	nust equal Form 990, Part X, co	olumn (B), line 10(c))	<b>&gt;</b>	102,343.

BAA

Schedule **D** (Form 990) 2011

Schedule I	D (Form 990) 2011 China Harvest, In	.c	54-185	2027_ Page <b>3</b>
Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on· set value
(1) Financ	cial derivatives			·
(2) Closely	y-held equity interests		<u> </u>	
(3) Other				
(A)				
<u>(B)</u>				
<u>(C)</u>				
(D)				·
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u>				
(H)				
لاك				
	mn (b) must equal Form 990 Part X, column (B) line 12.)	·\	<u></u>	
Part VIII	Investments - Program Related. See	Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on. et value
(1)				
(2)				
(3)	······································			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del> </del>
(10)				<del> </del>
	mn (b) must equal Form 990, Part X, column (B) line 13.)		<u> </u>	
Part IX	Other Assets. See Form 990, Part X,			455
	(a) De	escription		<b>(b)</b> Book value
(1)		·		
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>			<del></del>	
<u>(6)</u>				<del></del>
(7) (8)	<del></del>	<del></del>		
(9) (9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (E	3) line 15 )	<b>•</b>	
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Book value		
(1) Fede	eral income taxes	3.7		1
(2)				
(3)				
_(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25 )	<b>&gt;</b>		
	ASC 740) Footnote In Part XIV, provide the text of	of the footnote to the org	ganization's financial statements that rep	orts the

Schedule D (Form 990) 2011 China Har			<u>54-1852027</u>	Page 4
Part XI Reconciliation of Change in Net A	Assets from Form 990 to Audited Final	ncial Statements	-	
1 Total revenue (Form 990, Part VIII, colum	nn (A), line 12)			
2 Total expenses (Form 990, Part IX, column	nn (A), line 25)			
3 Excess or (deficit) for the year. Subtract I	ine 2 from line 1			
4 Net unrealized gains (losses) on investme	ents			_
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 throu	igh 8			
10 Excess or (deficit) for the year per audited	_	3 and 9	<del></del>	
Part XII: Reconciliation of Revenue			ie per Return	
1 Total revenue, gains, and other support p			1	
2 Amounts included on line 1 but not on Fo			200	
a Net unrealized gains on investments	,	2a		
<b>b</b> Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIV)	•	2d		
e Add lines 2a through 2d	·		2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII,	line 12 but not on line 1	1 1	<b>394</b>	
a Investment expenses not included on For	·	4a		
<b>b</b> Other (Describe in Part XIV.)		4b		
c Add lines 4a and 4b		( 38)	4c	
5 Total revenue Add lines 3 and 4c. (This	must equal Form 990 Part I line 12 \		5	
Part XIII Reconciliation of Expenses		ents With Exper		
1 Total expenses and losses per audited fin			1	
2 Amounts included on line 1 but not on Fo			Wall	
a Donated services and use of facilities	,	2a	1392-038	
<b>b</b> Prior year adjustments		2b		
c Other losses		2c	The state of the s	
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d	·		2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX, I	ine 25, but not on line 1:	1 1	Jank C	
a Investment expenses not included on Form		4a	12.1	
<b>b</b> Other (Describe in Part XIV )	·	4b		
c Add lines 4a and 4b			4c	
5 Total expenses. Add lines 3 and 4c. (This	s must equal Form 990, Part I, line 18.)		5	
Part XIV Supplemental Information			·	
Complete this part to provide the descriptions re Part V, line 4; Part X, line 2, Part XI, line 8; Pa any additional information	rt XII, lines 2d and 4b; and Part XIII, lin	nes 2d and 4b Also	complete this part to prov	. — — — — — .
		- <b></b>		
BAA	TEEA3304 05/25/11		Schedule D (5	orm 990) 2011
	IEEA3304 05/25/11		Schedule <b>D</b> (F	UIII 77U) 2UII

Schedule D (Form 990) 2011 China Harvest, Inc.	54-1852027	Page <b>5</b>
Schedule D (Form 990) 2011 China Harvest, Inc.  Part XIV Supplemental Information (continued)		
•		
*		
	<b>-</b>	
		·

TEEA3305 05/25/11

BAA

Schedule **D** (Form 990) 2011

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No 1545-0047

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

**20**° **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

54-1852027

China Harvest, 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?

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and Pacific	0	0	Program Services	Overseas travel	19,728
(2) East Asia and Pacific	0	0	Grants to region	Educ. & humanitarian	147,468.
(3)					<del> </del>
(4)					
(5)				<u> </u>	
(6)					<del></del>
(7)					
(8)	·				
(9)	·				
(10)	<del> </del>	<u>.</u>			
(11)					
(12)					
(13)					
(14)					
(15)		<del></del>			
(16)					
(17)					<del></del>
3a Sub-total	0	0			167,196
<b>b</b> Total from continuation sheets to Part I					<del></del>
c Totals (add lines 3a and 3b)	0	0	l	1	167,196.

Page 2

54-1852027

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

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 Part II can be duplicated if additional space is needed.

	at il call pe adplicated il additional space is necessi.	वयवाताचा व्यवकृत	200000						
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
3			East Asia and Pacif T	and Pacif Translation Wor	63, 329.	63,329. wire transfer			
(2)			East Asia and Pacif	and Pacif Foster home	10,000.	10,000. wire transfer			
(9)									
(4)						i			
(5)									
(9)									
9									
<b>(8)</b>									
6)									
(10)									
(11)									
(12)		-							
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 BAA

Schedule F (Form 990) 2011

Page 3

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

| 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method . of valuation (book, FMV, appraisal, other)
(1) Education support	East Asia and Pacific 3	3	3,500.	3,500. delivered			
(2) Education materials	East Asia and Pacific 200	200	2,000.	delivered			
(3) Humanitarian worker support East Asia and Pacific 33	East Asia and Pacific	33	32,260.	32,260. wire transfer			
(4) Benevolence to indigent East Asia and Pacific 3	East Asia and Pacific	3	793.	793. delivered			
(5)							
(6)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)					į		
(14)							
(15)							
(16)							
מט							
(18)							
ВАА						Schedule F	Schedule F (Form 990) 2011

Sche	dule F (Form 990) 2011 China Harvest, inc.	34-1832021	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' to 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)	he Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cer 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)		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 Cel Foreign Corporations (see Instructions for Form 5471)	taın Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali- electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		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 Instruction for Form 5713)	s Yes	X No
BAA	TEEA3505 01/17/12	Schedule <b>F</b> (F	orm 990) 2011

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Pt I Line 2 China Harvest communicates through a combination of one or
Pt I Line 2more of the following: written, verbal, and on-site visits
Pt I Line 2 with the recipients of our grants.
Pt I Line 2
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Schedule F (Form 990) 2011 China Harvest, Inc.

Page 5

54-1852027

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

**≗** ⊠ Employer identification number ☐ Yes 54-1852027 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance Inc China Harvest, Parti

(h) Purpose of grant 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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' (g) Description of (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (c) IRC section Part II can be duplicated if additional space is needed (b) EIN 1 (a) Name and address of organization Part II

or government		ıf applicable		assistance	(book, FMV, appraisal, other)	non-cash assistance	(n) rupose or grant or assistance
(1) Agape Way5616 Country Lane							
0	56-2222794	501(c)(3)	21,420.				Educ grant
353 Jonestown Rd #320_					-		
Winston-Salem NC 27104	20-1648411	501 (c) (3)	32,741.				  Humanitarian s
(3) Bethel USA							
idge_Cour							
	27-1832810	501(c)(3)	6,680.				Humanitarian s
(4) Bless_China, Int'l							
3814	26-0763646	501(c)(3)	70,070.				Humanitarian/E
(5) Cornerstone Ministries In							
2660_W. Woodland Dr., Ste							
Anaheim CA 92801	91-1550156	501(c)(3)	117,567.			•	Humanitarian s
(6) Fellowship of Christian A							
8701_Leeds_Rd.						•	
Kansas City MO 64129	44-0610626	501(c)(3)	12,000.			,	Humanitarian s
7) North Way Christian Commu							
12121_perry_highway							
	25-1392339	501(c)(3)	10,315.			•	Educ. Material
(8) REN Group.							
PO_Box_65531							
Virginia Beach VA 23467 26-0031626	26-0031626	501(c)(3)	24,249.				Humanitarian s
2 Enter total number of section 501(c)(3) and government organizations	) and government or	ganizations listed in	listed in the line 1 table			<b>A</b>	7

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

3 Enter total number of other organizations listed in the line 1 table

Page 2

Schedule I (Form 990) (2011) China Harvest, Inc.

[Partill 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. 54-1852027

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Grants-educational	2	17,500.			
2 Benevolence	1	1,000.			
3					
4					
5					
9					
Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	olete this part to p	rovide the informat	ion required in Par	t I, line 2, and any oth	er additional information.
Pt_I Line_2China_Harvest_	_verbally_comm	China Harvest verbally communicates with the organizations, to which	the organizati	ons, to which	
Pt_I_Line_2qrants_are_providedTypic	ovidedTypic	cally, organizations will inform	tions_will_inf		
Pt_I_Line_2China_Harvest_when_and_how_	_when_and_how_	funds are used. This is not required	This_is_not	<u>required</u>	
Pt_L Line_2by_China_Harvest, but_offered_from_the_organizations.	est, but offer	red_from_the_or	ganizations.		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	           	; ; ; ;	           		
		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Schedule I (Form 990) (2011)

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

e indication and Employer identification number

Chi	nina Harvest, Inc. 54-1852027						
Par	t'l'. 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 1g	Method o noncash con	(d) of determin tribution a	ing mounts
1	Art – Works of art		<u></u>	ļ <del></del>			
2	Art — Historical treasures						
3	Art - Fractional interests						
4	Books and publications		: 公路性 38% 大衛門				
5	Clothing and household goods		Anti-Agraphic colores of the color				
6	Cars and other vehicles			<u> </u>			
7	Boats and planes			Ĺ			
8	Intellectual property .						
9	Securities - Publicly traded	X	1	249,999.	FMV		
10	Securities - Closely held stock .	<u> </u>		<u> </u>	ļ		
11	Securities - Partnership, LLC, or trust interests	<u> </u>					
12	Securities - Miscellaneous				<u></u>		
13	Qualified conservation contribution — Historic structures				]		
14	Qualified conservation contribution - Other			L	L		
15	Real estate - Residential				<u> </u>		
16	Real estate – Commercial .						
17	Real estate - Other			<u> </u>			
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies			<u> </u>			
21	Taxidermy						
22	Historical artifacts			<u> </u>			
23	Scientific specimens			L	<u> </u>		
24	Archeological artifacts		L	L			
25	Other ► ()	Ĺ		L			
26	Other ► ()		L	<u> </u>			
27	Other ► ()						
28	Other ► ( )	L	<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the Acknowled	e tax year for contribution	ons for which the	29		
					198 25-4	Yes	No
30 a	Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  X						
b	If 'Yes,' describe the arrangement in Part II					10000	E.
31	Does the organization have a gift acceptance police	y that requi	res the review of any no	n-standard contribution	s? <b>31</b>	Х	
32 a	Does the organization hire or use third parties or renoncash contributions?	elated organ	nizations to solicit, proce	ess, or sell	32	a	X
b	If 'Yes,' describe in Part II.						27
33	If the organization did not report an amount in colu	umn (c) for a	a type of property for wh	nich column (a) is check	ced, 🏥		

describe in Part II.

Schedule	M (Form 990) 2011	China Harv	est, I	nc.				54-185	2027	Page 2
Part[]	Supplemental and 33, and wh number of item	Information, Co	omolete t	his nart to	provide in Part	the inforn I, column	nation requ (b), the nu	red by Part mber of con	I, lines 30b tributions, t	32h
	number of item	is received, or a	a combin	ation of bo	oth. Also	complete	this part fo	r any additi	onal informa	ation.
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TEEA4602 07/14/11

Schedule M (Form 990) 2011

BAA

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

ગીતિપત્ર જો લાલ્વ ત્વારિક્લ્લુટની

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		Employer identification number					
China Harvest, Ir	nc.	54-1852027					
Pt_VI,_Line_11a_	VI, Line 11a The finance committee reviews the 990 and makes recommendations						
	and a summary to the full Board for their revie	w, recommendations					
	and approval. The Board Secretary signs the fi	nal approved 990.					
Pt_VI,_Line_15	Salary data for positions of comparable respons	ibility_at_similar					
	type of non-profit organizations are considered						
	compensation levels for officers. The approval						
	is discussed at the annual board meeting. Offi						
	the compensation is being approved, abstained fand voting.	rom discussion					
	_and_vocing						
Pt VI, Line 19	The organization's Articles of Incorporation, w	 hich					
	include Conflict of Interest, Bylaws, and Finan						
	Statements are made available upon request.						
Pt_VI, Line 12c	Officers, directors and key employees are requi	red to disclose					
	immediately any conflicts which may arise.						
		- <b>-</b>					