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Form **990** 

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

| Ā                       | For the 20                            | 13 calend                       |   |             | year begi        |                                     |   | , 2013,                                  | and e        | nding            | 3              |               |                 |              |              |          |
|-------------------------|---------------------------------------|---------------------------------|---|-------------|------------------|-------------------------------------|---|--|--------------|------------------|----------------|---------------|-----------------|--------------|--------------|----------|
| В                       | Check if applic                       | able                            | C Nan   | ne of organ | zation Ch        | ina Har                             | vest, Ir                                | nc.                                      |              |                  |                | D Emplo       | yer identi      | fication Nu  | mber         |          |
|                         | Address of                            | change                          | ı   | ng Busines: |                  |                                     |   |  |              |                  |                | 54-           | 1852            | 027          |              |          |
|                         | Name chi                              | ange                            | Nun   | nber and st | reet (or PO be   | ox if mall is not                   | delivered to street                     | address)                                 | F            | Room/si          | ilte           | E Teleph      |                 |              |              |          |
|                         | Indial retu                           | ım                              | P. 0  | . Box       | 12249            |                                     |   |  |              |                  |                | (31           | 6) 9            | 42-829       | 95           |          |
|                         | Terminati                             |                                 |   |             |                  | country, and                        | ZIP or foreign pos                      | tal code                                 |              |                  |                |               | <u> </u>        |              |              |          |
|                         | Amended                               |                                 | Wich  | nta         |                  |                                     |   | KS                                       | 672          | 77-              | 2249           | G Gmss        | recoints        | \$ 894       | 854          |          |
|                         | $\vdash$                              | on pending                      |   |             | ress of principa | al officer                          |   | 1.0                                      | 0,2          |                  | H(a) Is this e |               |                 |              | Yes          | ,<br>IXI |
|                         |                                       |                                 |   |             |                  |                                     | 249 Wichi                               | ta K9                                    | S 67277      | -2249            | H(b) Are all:  | subordinates  | included        | , Ì          | Ye.          |          |
|                         | 7ax-exemp                             | nt etatus                       | X 501   |             | 501(c) (         |                                     | (insert no.)                            | 4947(a)(1) or                            |              | 27               | If No,'        | attach a list | (see instr      | ictions)     |              |          |
| <u>`</u>                | Website                               |                                 |   | (0)(0)      | 1001(0) (        |                                     | (11.0017110.7                           | 1 1-3-17(2)(17-0)                        |              | —                | H(c) Group     | ovemnijan a   | umbar Þ         |              |              |          |
| <u>-</u>                | Form of org                           |                                 |   | poration    | Trust            | Association                         | Other >                                 | 11.                                      | Year of f    |                  |                |               |                 | gal domicile | KS           |          |
| Pa                      |                                       | ummar                           |   | poladon     |                  | ASSOCIATION                         | . 1   0.1.6/                            |  | 1681 014     | Official         | 1 123          | 7 1 100       | <u> </u>        | garuomaa     | K3           |          |
| ra                      |                                       |                                 |   | manizat     | ion's mission    | n or most s                         | significant act                         | IVITIES: TH                              | DO D         | rim              | ~~~            | ompt r        | urno            | 50 Of        |              |          |
|                         |                                       | -                               |   |             |                  |                                     | -                                       | yst for s                                |              |                  | ry ex          |               | ri TDO          | 36 01        |              |          |
| Activities & Governance |                                       | ble w                           |   |             | 7                | or Taresa                           | re_eatar                                | <u> </u>                                 | <u>C1 V1</u> |                  | CO_ C.11       | 11626         |                 |              |              |          |
| <u>a</u>                | 500                                   | 725 J.                          | 9110  | <u> </u>    |                  |                                     |   |  |              |                  |                |               |                 |              |              |          |
| š                       | 2 Chec                                | ck this bo                      | x = -[  | if the      | organizatio      | n discontin                         | ued its operat                          | ions or dispose                          | ed of m      | ore th           | an 25% o       | of its net a  | ssets           |              |              |          |
| ၓ                       |                                       |                                 |   |             |                  |                                     |   | a)                                       |              |                  | ·              | #=10 t 2 =    | 1_3-1           |              |              | 1        |
| 20                      | 4 Num                                 | ber of inc                      | depend  | ent votin   | g members        | of the gove                         | erning body (f                          | Part VI, line 1b)                        | ۱            | 4                | HF(            | FIVE          | A               | İ            |              |          |
| 븳                       |                                       |                                 |   |             |                  |                                     |   | t V, line 2a) 🕡                          |              | l <sub>œ</sub> r | <del></del>    |               | -5-             | oL_          |              |          |
| . <u>₹</u>              |                                       |                                 |   | •           |                  |                                     |   |  |              |                  |                | 0,3,20        | 6               | S            |              |          |
| ¥                       |                                       |                                 |   |             |                  |                                     |   | 12                                       |              |                  |                | 6. 9 TO       |                 | <u> </u>     |              | 0        |
|                         | b Net                                 | unrelated                       | busine  | ss taxab    | le income f      | rom Form                            | 990-T, line 34                          | · · · · · · ·                            | · · · ·      |                  | <u></u>        |               | 7ь              |              |              |          |
|                         |                                       |                                 |   |             |                  |                                     |   |  | Ī            | 1                | DCL            | πος Year      | $\rightarrow$   | Cur          | rent Ye      |          |
| 9                       |                                       |                                 |   |             |                  |                                     |   | · · · · · · · · ·                        |              |                  | -              | <b>=685</b> , | 94.1            | <u> </u>     | 729,         | 615      |
| ᆲ                       | -                                     |                                 |   | •           |                  |                                     |   |  |              |                  |                |               |                 |              |              |          |
| Revenue                 |                                       |                                 | •   |             | •                | •                                   |   |  |              |                  |                |               | 900.            |              | -2,          |          |
| ۳ ا                     |                                       |                                 |   |             |                  |                                     |   | l 11e)                                   |              |                  |                |               | 875.            |              |              | 659      |
| _                       |                                       |                                 |   | _           |                  |                                     |   | umn (A), line 1                          |              |                  |                | 605,          |                 |              | 735,         |          |
|                         |                                       |                                 |   | •           | •                | · ·                                 | -                                       |  |              |                  |                | 428,          | 237.            |              | 503,         | 068      |
|                         |                                       | -                               |   |             | -                |                                     | •                                       |  |              |                  |                |               |                 |              |              |          |
| ű                       | 15 Sala                               | nes, othe                       | er comp   | ensation    | , employee       | benefits (F                         | art IX, colum                           | n (A), lines 5-10                        | 0)           |                  |                | <u> 184,</u>  | 282.            |              | 174,         | 809      |
| Expenses                | 16a Prof                              | essional f                      | fundrais  | sing fees   | (Part IX, c      | olumn (A), l                        | ine 11e)                                |  |              |                  | L              |               |                 |              |              |          |
| ē                       | b Tota                                | l fundrais                      | aising expenses (Part IX, column (D), line 25) ► 823. |             |                  |                                     |   |  |              |                  |                |               |                 |              |              |          |
| m)                      | 17 Othe                               | er expens                       | es (Par   | rt IX, colu | ımn (A), lın     | es 11a-11d                          | , 11f-24e)                              |  |              |                  |                | 47.           | 249.            |              | 46.          | 805      |
|                         |                                       | -                               |   |             |                  |                                     |   | , line 25)                               |              |                  |                | 659,          |                 |              | 724,         |          |
|                         |                                       | •                               |   |             | •                | 8 from line                         | • •                                     | •  |              |                  | <u> </u>       | -53,          |                 |              |              | 947      |
| 8 8                     |                                       |                                 |   |             |                  |                                     |   |  |              |                  | Beginni        | ng of Curr    |                 | End          | of Yea       |          |
| į                       | <b>20</b> Tota                        | l assets (                      | Part X.   | line 161    |                  |                                     |   |  | <b>.</b> .   |                  | Degimin        | 311,          |                 |              | 353,         |          |
| ₹B                      | <b>21</b> Tota                        | I liabilities                   | s (Part   | X. line 26  | 6)               |                                     |   |  | <b>.</b> .   |                  | 1              |               | 981.            |              |              | 442      |
| ž 5                     |                                       |                                 | -   |             | •                |                                     |   |  |              |                  |                | 297,          |                 |              | 340,         |          |
|                         |                                       |                                 |   |             | Gubuactiii       | 10 21 110111                        |   |  | · · · ·      | <u> </u>         |                | 231,          | 570.            |              | 340,         | 102      |
|                         |                                       | ignatu                          |   |             | 1                |                                     |   |  |              |                  |                |               | .0.4."          |              | <del></del>  |          |
| Comp                    | er penalties of i<br>plete. Declarati | perjury, i dei<br>ion of prepar | ret (ether)   | men office  | ) it this retur  | n, including ac<br>Il information o | companying scriei<br>f which preparer h | dules and statements<br>as any knowledge | s and to     | the bes          | tormy know     | nedge and b   | ellet, rtist    | rue, conect. | and          |          |
|                         |                                       |                                 | $\overline{\mathcal{T}}$                              | 74,         | <del>////</del>  |                                     |   |  |              |                  |                | TIL           | - 21            | .201         | <del>U</del> |          |
| e:                      |                                       | Signati.                        | ure of offic  | cer .       | T,00             |                                     |   |  |              |                  | D:             | ato           | 1-0             | 1-01         | /            |          |
| Sig                     |                                       | . c                             | M   | ,110-       |                  | •                                   |   |  |              |                  | Boar.          | d 800-        | .at = -         | v            |              |          |
|                         |                                       |                                 |   | ıller       |                  |                                     |   |  | ······       |                  | роаго          | d Seci        | ecal            | У            |              |          |
|                         |                                       | Print/Type (                    | <u> </u>  |             |                  | Preparer's                          | signature                               |  | Date         |                  |                | Check         | T <sub>if</sub> | PTIN         |              |          |
|                         |                                       |                                 |   | _           | ΩLH Λ/           |                                     | Stone 18                                | 100                                      |              | 1/8              | /14            |               | $\Box$          |              |              |          |
| Pa                      |                                       |                                 |   |             | TAHN             |                                     | T -                                     | - Jun                                    |              |                  | · /            | self-ampto    | y <del>00</del> | L            |              |          |
|                         | eparer                                | Firm's name                     |   |             |                  | CIATES,                             | INC.                                    | <del></del>                              |              |                  | <del></del>    |               | _               |              |              |          |
| Us                      | e Only                                | Firm's addr                     |   |             | BOX 64           |                                     |   | <del></del>                              |              |                  |                | Firm s EtN    |                 |              |              |          |
|                         |                                       |                                 |   |             | NIA BE           |                                     |   | VA 2346                                  | 67           |                  |                | Phone no      |                 |              |              | <b></b>  |
|                         |                                       |                                 |   |             |                  |                                     | ve? (see instr                          |  | <i>.</i>     | · · · ·          |                | <u> </u>      |                 | . X Y        |              | No       |
| RΔ                      | A Ear Par                             | enwork l                        | Raduct  | Ion Act     | Notice, se       | the separ                           | ate instructi                           | ons.                                     |              | TEE              | A0101 11/0     | 08/13         |                 | Fo           | rm 990       | (201     |

process return

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| Form 990 (2013) C   | hına Harvest, İn   |   | 54-1852  | 027 Page 2   |
|---|--|---|--|--|
|   | •  | vice Accomplishments  |  |  |
| Check if  | Schedule O contains a resp                               | conse or note to any line in this Part III .  | <u></u>  |  |
| •   | the organization's mission:                              |   |  |  |
|   |  | e of China Harvest, Inc.:   | :  |  |
|   |  | service to Chinese  |  |  |
| beobje woi  | ldwide.  |   |  |  |
|   |  |   |  |  |
|   |  | ant program services during the year which  |  | - C  |
|   |  |   | · · · · · · · · · · · · · · · · · · ·  | Yes X No   |
|   | these new services on Sci                                |   |  | <b>-</b>   |
|   | tion cease conducting, or n<br>these changes on Schedu   | nake significant changes in how it conduc<br>ile O  | ts, any program services? [  | Yes X No   |
| 4 Describe the org<br>Section 501(c)(3<br>others, the total | anization's program services) and 501(c)(4) organization | e accomplishments for each of its three la<br>ons and section 4947(a)(1) trusts are requ<br>any, for each program service reported. | rgest program services, as measured bured to report the amount of grants and | y expenses<br>allocations to                       |
|   | oxpanios, and forginae, in                               | any, for dual program outlines reported.  |  |  |
| 4 a (Code   |  | 611, 396. including grants of \$  |  | 0.)  |
|   |  | port to those who have s  |  |  |
|   |  | In addition to the above  |  |  |
| provided :  | <u>for humanıtarian</u>                                  | needs, giving food to the   | he needy, support  |  |
| to those t  | who_can't_work,_   | medical assistance, etc.  |  |  |
|   |  |   |  |  |
|   |  |   |  | <b></b>  |
|   |  |   |  | <b></b>  |
|   |  |   |  | . <b></b> .  |
|   |  |   | <b></b>  | <b></b>  |
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|   | \/5  |   |  |  |
| 4 b (Code   | ) (Expenses \$   | 9,255. including grants of \$   | 0.)(Revenue \$   | 0.)  |
|   |  | qustics associated with   |  |  |
| of China.   |  | rıp participants have ex  |  | Tue beopre   |
| or curia.   | - <b></b>  |   |  |  |
|   | <b></b>  |   |  | · ·  |
| <b>-</b> -  |  |   |  | <del></del>  |
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|   |  |   |  |  |
| 4 c (Code   | ) (Expenses \$   | 72,231, including grants of \$  | 0.)(Revenue \$   | 0.)  |
| <u>Service a</u>  | <u>nd administrativ</u>                                  | e activities associated   | with multiple projects t   | hat  |
|   |  | y one program but are ne  | cessary to conduct the   |  |
| <u>primary e</u>  | <u>xempt purposes o</u>                                  | f this organization.  |  | - <b></b>  |
|   |  |   |  |  |
|   | <b>-</b>   | ~~~~~~  |  | <b>_</b>   |
|   |  |   |  | . <b></b>  |
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|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   | <b>-</b>   |   |  |  |
| 4 d Other program   | services (Describe in Sche                               | edule O )   |  | <del></del>  |
| , -   | \$   | including grants of \$  | ) (Revenue \$  | )  |
| 4 e Total program   | service expenses   | 692,882.  |  | <del>- · · - · · · · · · · · · · · · · · · ·</del> |
|   |  |   |  |  |

| ٠, |  |      | 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    | x            | ļ  |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2    | X            |    |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I   | 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    |              | x  |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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    |              | ×  |
| 9  | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes.' complete Schedule D, Part IV             | 9    |              | ×  |
| 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   | <u> </u>     | X  |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | _    | ļ            |    |
| ;  | 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 8 | X            |    |
| I  | 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   | 111  |              | х  |
| ı  | 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  | 110  |              | ×  |
| •  | 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   | 110  | <u> </u>     | х  |
|    | e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X   | 11 6 | <del> </del> | 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   | 111  | <u> </u>     | ×  |
|    | a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Parts XI, and XII  | 12a  | ļ            | ×  |
| 1  | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional  | 121  | ,            | Х  |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E  | 13   | ļ            | X  |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  | <b>-</b>     | X  |
|    | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes,' complete Schedule F, Parts I and IV | 141  | X            |    |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If Yes, complete Schedule F, Parts II and IV   | 15   | х            |    |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F, Parts III and IV   | 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   |              | ×  |
| 19 | complete Schedule G, Part III  | 19   | 1_           | ×  |
| 20 | a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H  |      |              | X  |
|    | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | . 20 | b            | 1  |

| Part | t IV   Checklist of Required Schedules (continued)  |       |          | _        |
|------|---|-------|----------|----------|
|      |   |       | Yes      | No       |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 17 If Yes,' complete Schedule I, Parts I and II  | . 21  | x        | ĺ        |
| 22   | Did the organization report more than \$5,000 of grants or 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  | <u> </u> | Х        |
| 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, that was issued after December 31, 2002? If Yes,' answer lines 24b through 24d and complete Schedule K. If No, go to line 25a                             | . 24a |          | x        |
| ь    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | . 24b |          |          |
| c    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | . 24c |          |          |
| d    | Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?  | 24d   |          |          |
| 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   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If so, complete Schedule L, Part II                                 | . 26  |          | ×        |
| 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        |
|      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |       |          |          |
| а    | A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV   | . 28a |          | Х        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | . 28ь |          | х        |
|      | 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   |          | x        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | . 29  | Х        | <u> </u> |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30    | ļ        | _x       |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I   | 31    | <u> </u> | 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  |          | ×        |
| 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  |          | ×        |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | . 35a |          | Х        |
| b    | of Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2  | 35b   |          | 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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | . 38  | x        |          |
| BAA  |   |       | 990 (    | 2013)    |

| orm 990 (2013) China Harvest, Inc.  |                           | 54-185202                               | 7              | Р   | age  |
|---|---------------------------|---|----------------|-----|--|
| Part V Statements Regarding Other IRS Filings and Tax Compliance  |                           |   |                |     | _  |
| Check if Schedule O contains a response or note to any line in this Part V  | · · · · · ·               | ·····                                   |                | • • | لمن  |
| 1 a Enter the number reported in Poy 2 of Form 1000 Enter 0 of eat analyzable   | الما                      | _                                       |                | Yes | No   |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | 1 a                       | 1                                       | -              |     |  |
|   |                           | 0                                       | 4              |     | }  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?  | nd reportabl              | e gamıng                                | 1 c            |     |  |
| 2 a 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                             | 2 a                       | 4                                       |                |     |  |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax   | returns?                  |   | 2 b            | X   |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru  | Ctions)                   |   |                |     |  |
| a Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                           |   | 3 a            |     | X  |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   |                           |   | 3 b            |     |  |
| a At any time during the calendar year, did the organization have an interest in, or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial | Other authoricial account | ty over, a                              | 4a             |     | ×  |
| 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 Fina   | ncial Accoun              | nts                                     | 1 1            |     |  |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye  |                           |   | 5 a            |     | 1-5  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr  |                           |   | 5 b            |     | 1  |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  |                           |   | 5 c            |     | 一  |
|   |                           |   | <del> </del>   |     | ╁  |
| i a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?                        | · · · · · ·               | • • • • • • • •                         | 6 a            |     | ,  |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contribute tax deductible?  | butions or g              | ifts were                               | 6 ь            |     |  |
| Organizations that may receive deductible contributions under section 170(c).   |                           |   |                |     | Γ  |
| 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                                     | 7 a            |     |  |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   |                           |   | 7 b            |     | $\vdash$   |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?  | n it was requ             | ired to file                            | 7 c            |     | <del>                                     </del> |
| d if Yes, indicate the number of Forms 8282 filed during the year   | .   7 d                   |   | <del>- 1</del> |     | <del>  '</del>                                   |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber   |                           | 7.                                      | 70             |     | <b> </b> -                                       |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit  |                           |   | 71             |     | $\vdash$   |
| g If the organization received a contribution of qualified intellectual property, did the organization to as required?  |                           |   |                |     | <del>                                     </del> |
| h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  | anızatıon file            | 9 a                                     | 7 g            |     | $\vdash$   |
| Form 1098-C?  |                           | • • • • • •                             | 7 h            |     | <u> </u>   |
| Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have                                 | e excess bus              | zations. Did the siness                 |                |     |  |
| holdings at any time during the year?   | • • • • • •               |   | 8              |     | ـــ  |
| Sponsoring organizations maintaining donor advised funds.   |                           |   | \              |     | ·  |
| a Did the organization make any taxable distributions under section 4966?   |                           |   | 9 a            |     | Ь.   |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  | • • • •                   |   | 9 Б            |     | ــــ   |
| Section 501(c)(7) organizations. Enter  | المدا                     |   | 1 1            |     |  |
| a Initiation fees and capital contributions included on Part VIII, line 12  | · 10a                     |   | - 1            |     | 1  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | . 10 Ы                    |   | -              |     |  |
| 1 Section 501(c)(12) organizations. Enter:  | ا ـ مما                   |   | 1 1            |     | 1  |
| a Gross income from members or shareholders   | · 11 a                    |   | -              |     |  |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | . 11 ы                    |   |                |     | -  |
| 2a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu o   |                           | ?                                       | 12 a           |     | -  |
| b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | . 12bl                    |   |                |     | 1  |
| 3 Section 501(c)(29) qualified nonprofit health insurance issuers.  | <del>-</del> -            | <del></del>                             | 7              |     |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  |                           |   | 13 a           |     |  |
| Note. See the instructions for additional information the organization must report on Schedule (  | <b>o</b> .                |   |                |     | $\top$   |
| 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   | .   136                   |   |                |     |  |
| c Enter the amount of reserves on hand  | 13c                       |   | ┥ ╷            | ł   |  |
|   |                           |   | 14a            |     | +  |
| 4a Did the organization receive any payments for indoor tanning services during the tax year?   |                           |   |                |     |  |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch.          |                           |   | 14b            |     | +  |

| Form | 1990 (2013) China Harvest, Inc. 54-1852027   |          |                     | age 6          |
|------|--|----------|---------------------|----------------|
| Par  | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes<br>Schedule O. See instructions.   | in       |                     |                |
|      | Check if Schedule O contains a response or note to any line in this Part VI  |          |                     | . [X           |
| 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   1a   |          | -                   |                |
|      | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad   | ``.''    |                     | [              |
|      | authority to an executive committee or similar committee, explain in Schedule O.   | • •      |                     |                |
| b    | Enter the number of voting members included in line 1a, above, who are independent   |          |                     |                |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | <b>!</b> |                     |                |
|      | officer, director, trustee or key employee?  | 2        |                     | X              |
| 3    | Did the organization delegate control over management duties customanly performed by or under the direct supervision   |          | -                   |                |
| 4    | Did the organization make any significant changes to its governing documents   | 3        |                     | X              |
|      | since the pnor Form 990 was filed?   | 4        |                     | х              |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 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  | -        |                     | <del>  ^</del> |
|      | members of the governing body?   | 7 a      |                     | x              |
| ь    | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | -        |                     | <del></del>    |
| -    | stockholders, or other persons other than the governing body?  | 7ь       |                     | l x            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   | -        |                     |                |
|      | The governing body?  |          |                     | لــــا         |
|      |  | 8 a      | X                   |                |
|      | Each committee with authority to act on behalf of the governing body?  | 86       | X                   |                |
|      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O                 | 9        |                     | х              |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Rever  | ue C     | ode.                | }              |
|      |  |          | Yes                 | No             |
|      | Did the organization have local chapters, branches, or affiliates?   | 10 a     |                     | Х              |
| b    | olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affilirates, 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?  | 11 a     | Х                   | <del></del>    |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | تت       |                     | <u> </u>       |
|      | Did the organization have a written conflict of interest policy? If 'No,' go to line 13  | 12 a     | X                   | '              |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |          |                     |                |
|      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in   | 12 b     | Х                   |                |
|      | Schedule O how this was done   | 12 c     | х                   | l              |
| 13   | Did the organization have a written whistleblower policy?  | 13       | $\frac{x}{x}$       | ├──            |
| 14   |  | 14       | $\frac{\lambda}{x}$ |                |
|      | Oid the process for determining compensation of the following persons include a review and approval by independent   | H*       |                     | <u> </u>       |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |                     |                |
|      | a The organization's CEO, Executive Director, or top management official   | 15 a     | Х                   |                |
| t    | Other officers of key employees of the organization  | 15 b     | X                   |                |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)  |          |                     |                |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | <u> </u> |                     |                |
|      | taxable entity during the year?  | 16 a     |                     | Х              |
| t    | of 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?   | 16 b     | <del></del>         |                |
| Sec  | tion C. Disclosure   |          |                     |                |
| 17   | List the states with which a copy of this Form 990 is required to be filed ▶   |          |                     |                |
| 18   | 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                     | for pu   | blic                |                |
|      | Own website Another's website X Upon request Other (explain in Schedule O)   |          |                     |                |
| 19   |  |          |                     |                |
| , 9  | Describe in Schedule () whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year                              | ie (o    |                     |                |
| 20   | State the name, physical address, and telephone number of the person who possesses the books and records of the organization   | n        |                     |                |
| BAA  | Tisha Maydew 4628 W. Central Wichita, KS 67212 (3  | 16) 9    |                     |                |
| ~~~  | TEEA0106 07/02/13  | Form     | 990 (               | 2013\          |

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

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

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

- 1 a 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.

| Check this box if neither the organization r | nor any rela   | ated or  | gan                  | ızatı   | on c         | ompe   | nsat   | ed any current officer,                            | director, or trustee                     |  |
|--|--|--|----------------------|---------|--------------|--|--------|--|--|--|
|  |  |  |                      | (C      | ;)           |  |        |  |  |  |
| (A)<br>Name and Tide                         | (B)<br>Average<br>hours per<br>wook (list                                  | Position (do not check more th<br>one box, unless person is both<br>officer and a director/trustee |                      |         |              |  |        | (D)  Reportable compansation from the organization | (E)  Reportable compensation from        | (F) Estimated amount of other  |
|  | any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee or director   | Institutional fustee | Officer | Key employee | Highest compensated<br>employee                  | Former | (W-2/1099-MISC)                                    | related organizations<br>(W-2/1099-MISC) | componsation<br>from the<br>organization<br>and related<br>organizations |
| (1) C. Beck                                  | 1.00   |  |                      |         |              |  |        | <del>-</del>                                       |  |  |
| Director                                     |  | Х  |                      |         |              |  |        | 0.   | 0.                                       | 0.   |
| (2) J. Brown                                 | 1.00   |  |                      |         |              |  |        |  |  |  |
| Director/Treasurer                           |  | Х  |                      | Х       |              |  | L.     | 0.   | 0.                                       | 0.   |
| _(3)_M. Gilliam                              | 1.00   |  |                      |         |              |  |        |  |  |  |
| Director/Vice Chairman                       |  | Х  |                      | Х       |              |  |        | 0.   | 0.                                       | 0.   |
| Quantification (4) P. Lee Director           | 1.00   | x  |                      |         |              |  |        | 0.   | 0.                                       | 0.   |
| (5) J. Loftin                                | 1.00   |  |                      |         |              |  | T      |  |  | - <u></u>  |
| Director                                     | 1 <b>-</b> 1   | x  |                      |         |              |  | -      | 0.   | 0.                                       | 0.   |
| (6) S. Miller                                | 50.00  |  |                      |         |              |  |        |  |  |  |
| Director/Secretary                           | ]  | х  |                      | х       | х            |  |        | 20,654.  | 0.                                       | 40,611.  |
|  | 50.00  | x  |                      | х       | х            | х  |        | 28,392.  | 0.                                       | 43,242.  |
| (8) R.T. Weiner, Jr.                         | 1.00   |  |                      |         |              |  |        |  |  |  |
| Director                                     | 1  | x  |                      |         |              |  | İ      | 0.   | 0.                                       | 0.   |
| (9) M. Weber Director/Chairman               | 1.00   | x  |                      | х       |              |  |        | 0.   | 0.                                       | 0.   |
| (10) M. Winn                                 | 1.00   | <del>  ^</del>   | -                    | ^       |              |  | -      | <u>_</u>   | <u> </u>                                 |  |
| Director                                     | 1-1.55   | x  |                      | 1       | }            | İ  |        | ο.   | 0.                                       | 0.   |
| (11) D. Guo                                  | 1.00   | <del>  ^`</del>  |                      | _       | <b>†</b>     | <del>                                     </del> | †-     | <del>-</del>                                       |  | <u></u>  |
| Director                                     | 1-=  | l x  |                      |         |              |  |        | 0.   | 0.                                       | 0.   |
| (12)   |  |  |                      |         |              |  |        |  |  |  |
| (13)   |  | -  |                      | -       | _            |  | -      |  |  |  |
| (14)   |  |  |                      |         |              |  |        |  |  |  |

| Form 990 (2013) China Harvest, Inc.                 | •  | •           |                       |              |   |                                   |                 |                                     | 54-1852027                               | Page 8   |
|---|--|-------------|-----------------------|--------------|---|-----------------------------------|-----------------|-------------------------------------|--|--|
| Part VII Section A. Officers, Directors, Tru        | ıstees.  | Kev         | En                    | npla         | ove                                       | es.                               | and             | d Highest Con                       | pensated Empl                            | OVERS (continued)  |
| (A)<br>Name and title                               | Average<br>hours<br>per  | (do         | not c                 | Pos<br>check | c)<br>itlon<br>more<br>irson i<br>directi | than or<br>is both :<br>or/fruste | ne<br>an<br>ee) | (D)  Reportable compensation from   | (E)  Reportable compensation from        | (F) Estimated amount of other  |
|   | week (list any hours for related organiza - tions below dotted line) | or director | Institutional trustee | Officer      | Key employee                              | Highest compensated<br>employee   | Former          | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)  |  |             |                       |              |   |                                   |                 |                                     |  |  |
| (16)  |  |             |                       |              |   |                                   |                 |                                     |  |  |
| (17)  |  |             |                       |              |   |                                   |                 | •                                   |  |  |
| (18)  |  |             |                       |              |   |                                   |                 |                                     |  | · · · · · · · · · · · · · · · · · · ·                                    |
| (19)  | <del>-  </del>   |             |                       |              |   | ļ                                 |                 |                                     |  | <del> </del>   |
| (20)  |  |             |                       | -            |   |                                   |                 |                                     |  |  |
| (21)  |  |             |                       |              | -   |                                   | _               |                                     |  |  |
| (22)  |  |             |                       | -            | ļ   |                                   |                 |                                     |  |  |
| (23)  |  |             |                       |              |   |                                   |                 |                                     |  | · · · · · · · · · · · · · · · · · · ·                                    |
| (24)  |  | <u> </u>    |                       |              |   | <del> </del>                      | -               |                                     |  |  |
| (25)  |  |             |                       |              |   |                                   |                 |                                     |  |  |
| 1 b Sub-total.                                      | • • • •  |             |                       |              | -   | • •                               | <u> </u><br>▶   | 49,046.                             | 0.                                       | 83,853   |
| c Total from continuation sheets to Part VII, Secti | on A   | ٠.,         | • •                   | • • •        |   |                                   | <b>-</b>        | 40.046                              |  | 02.052   |

49,046. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

|   |   |     | Yes | No |
|---|---|-----|-----|----|
| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee   |     |     |    |
|   | 1a? If Yes, complete Schedule J for such individual   |     |     | Х  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for |     |     |    |
|   | such individual   | . 4 |     | Х  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual   |     |     |    |
|   | for services rendered to the organization? If 'Yes,' complete Schedule J for such person  | 5   | ľ   | X  |

|   | tion B. Independent Contractors  |
|---|--|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of               |
|   | compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. |

| (A)<br>Name and business address | (B) Description of services | (C)<br>Compensation |
|----------------------------------|-----------------------------|---------------------|
|                                  |                             |                     |
|                                  |                             |                     |
|                                  |                             |                     |
|                                  |                             |                     |

| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than | _ |
|---|--|---|
|   | \$100,000 of compensation from the organization  |   |

BAA

TEEA0108 11/11/13

Form 990 (2013)

| Check if Schedule O contains a response  | or note to any line  | e in this Part VIII                     |  |   | П  |
|--|----------------------|---|--|---|--|
|  |                      | (A)<br>Total revenue                    | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1 a Federated campaigns  |                      |   |  |   |  |
| f All other contributions, gifts, grants, and similar amounts not included above   | 729,615.<br>159,208. | 729,615.                                | ,                                      |   |  |
| TOUR STAND THE PROPERTY OF THE | Business Code        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   |  |
| g Total. Add lines 2a-2f   |                      |   |  |   |  |
| other similar amounts)   | proceeds             | 251.                                    | 0.                                     | 0.                                      | 251,   |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss)  | (ii) Personal        |   |  |   |  |
| 7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  (i) Securities  156,312.  | (ii) Other           |   |  |   |  |
| d Net gain or (loss)   |                      | -2,896.                                 | 0.                                     | 0.                                      |  |
| 8 a Gross income from fundraising events (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  9 a Gross income from gaming activities. See Part IV, line 19  |                      |   |  |   |  |
| c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b   | 355.                 |   |  |   |  |
| c Net income or (loss) from sales of inventory  Miscellaneous Revenue  | Business Code        | 338.                                    | 338.                                   | 0.                                      | 0.   |
|  | 0099                 | 8,321.                                  | 8,321.                                 | 0.                                      | 0.   |
| e Total. Add lines 11a-11d   |                      | 8,321.                                  |  |   |  |
| 12 Total revenue. See Instructions BAA   | ►<br>TEEA            | 735,629.<br>0109 07/08/13               | 8,659.                                 | 0.                                      | -2,645.<br>Form <b>990</b> (2013)                    |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

|     | tion 501(c)(3) and 501(c)(4) organizations must con<br>Check if Schedule O contains a res  | sponse or note to any line | e in this Part IX            | complete Column (A).                | <del> </del>                   |
|-----|--|----------------------------|------------------------------|-------------------------------------|--------------------------------|
|     | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1   | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 229,987.                   | 229,987.                     |                                     | ٠, -                           |
| 2   | Grants and other assistance to individuals in the United States See Part IV, line 22   |                            |                              |                                     | -                              |
| 3   | · · · •  | 5,854.<br>267,227.         | 5,854.<br>267,227.           |                                     |                                |
| 4   | Benefits paid to or for members  |                            |                              |                                     |                                |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 122 022                    |                              |                                     | <del></del>                    |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 132,899.                   | 132,076.                     | 0.                                  | 823.                           |
| 7   | Other salanes and wages  | 32,910.                    | 16,665.                      | 16,245.                             | 0.                             |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                            |                              |                                     |                                |
| 9   | Other employee benefits  | 240.                       | 240.                         | 0.                                  |                                |
| 10  | Payroll taxes  | 6,742.                     | 6,742.                       | 0.                                  | 0.                             |
| 11  | Fees for services (non-employees)  | 2,018.                     | 0.                           | 2,018.                              | 0.                             |
|     | Management   |                            |                              |                                     |                                |
|     | Legal  |                            |                              |                                     | ·-··                           |
|     | Accounting   | 5,190.                     | 0.                           | 5,190.                              | 0.                             |
|     | J Lobbying   |                            |                              | 3,130.                              |                                |
| (   | Professional fundraising services. See Part IV, line 17.   |                            | <del></del>                  |                                     | -                              |
| 1   | Investment management fees   |                            |                              |                                     |                                |
|     | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   |                            |                              |                                     |                                |
| 13  | Advertising and promotion  |                            |                              |                                     |                                |
| 14  | ·  | 11,332.                    | 8,134.                       | 3,198.                              | 0.                             |
| 15  | Information technology   | 2,137.                     | 944.                         | 1,193.                              | 0.                             |
| 16  | Royalties  | 4 220                      | 4 220                        |                                     | <del></del>                    |
| 17  | Travel   | 4,338.                     | 4.338.                       | 0.                                  | 0.                             |
| 18  |  | 16,959.                    | 16,959.                      | 0.                                  | 0.                             |
| 19  | Conferences, conventions, and meetings   | 656.                       | 656.                         | 0.                                  | 0.                             |
| 20  | Interest   |                            |                              |                                     |                                |
| 21  | Payments to affiliates   |                            |                              |                                     |                                |
|     | Depreciation, depletion, and amortization  | 3,091.                     | 2,713.                       | 378.                                | 0.                             |
| 23  | Insurance  | 2,221.                     | 0.                           | 2,221.                              | 0.                             |
|     | 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.) |                            |                              |                                     |                                |
| ;   | Membership licenses/dues   | 66.                        | 0_                           | 66.                                 | 0.                             |
|     | Films/tapes  | 40.                        | 40.                          | 0.                                  |                                |
|     | Books/subscriptions  | 62.                        | 62.                          | 0.                                  | 0_                             |
|     | Small equip/furnishings  | 279.                       | 0_                           | 279.                                |                                |
| _   | All other expenses   | 434.                       | 245.                         | 189.                                | 0.                             |
| 26  | the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  | 724,682.                   | 692,882.                     | 30,977.                             | 823.                           |
| BAA | Check here ► If following<br>SOP 98-2 (ASC 958-720)  | TEEA0110 11/0              |                              |                                     | Form <b>990</b> (2013)         |

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year Cash - non-interest-bearing . . . . . 84,292 128,763. 2 Savings and temporary cash investments 123,587 2 122,500. 3 3 4 750 0 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges . . . . 5,151 9 6,093 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . . . . 10a 123,856 b Less accumulated depreciation . . . . 10b 98.529 10 c 95,438. Investments - publicly traded securities . . . . . . 11 12 Investments - other secunties. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 311,559 16 35<u>3,544.</u> 17 3,041 17 <u> 2,636.</u> 18 10,790 18 10,806 Deferred revenue . . . . . . 19 150 19 0. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties . 23 Unsecured notes and loans payable to unrelated third parties . . . . . 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 26 26 13,981 13,442 lines 27 through 29, and lines 33 and 34. Unrestricted net assets......... 143,659 27 150,951 28 28 153,919 189,151. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . 30 30 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . . 33 297,578 33 340,102. Total liabilities and net assets/fund balances . . 34 311,559 34 353,544. BAA Form 990 (2013)

|     |  | 1852027        |         | Pag      | ge 12        |
|-----|--|----------------|---------|----------|--------------|
| Par | t XI Reconciliation of Net Assets  |                |         |          |              |
|     | Check if Schedule O contains a response or note to any line in this Part XI  |                | <u></u> | <u> </u> | . X          |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1              | 73      | 5,6      | 29.          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2              | 72      | 4,6      | 82.          |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3              | 1       | 0,9      | 47.          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4              | 29      | 7,5      | 78.          |
| 5   | Net unrealized gains (losses) on investments   | 5              |         |          |              |
| 6   | Donated services and use of facilities.  | 6              |         |          |              |
| 7   | Investment expenses  | 7              |         |          |              |
| 8   | Pnor penod adjustments   | 8              |         |          |              |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)   | 9              | 3       | 31,5     | 77.          |
| 10  | Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33,   |                |         |          |              |
|     | column (B)).   | 10             | 34      | [0,1]    | 02.          |
| Par | t XII Financial Statements and Reporting   |                |         |          | _            |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |                |         |          | <u>.    </u> |
|     |  |                |         | Yes      | No           |
| 1   | Accounting method used to prepare the Form 990. Cash X Accrual Other   |                | 1 1     |          |              |
|     | If the organization changed its method of accounting from a pnor 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     |          | Х            |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both   | 1              |         |          |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |                |         |          |              |
| 1   | b Were the organization's financial statements audited by an independent accountant?   |                | 2 Ь     |          | X            |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  |                |         |          |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |                | ]       |          |              |
|     | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au-<br>review, or compilation of its financial statements and selection of an independent accountant? | dit,<br>•••••• | 2 c     |          |              |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |                |         |          |              |
| 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     |          | x            |
|     | bif 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required   | audit          |         |          |              |
|     | or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | <u> </u>       | 3 ь     |          |              |
| BAA | 4  |                | Form    | 990 (    | 2013)        |
|     |  |                |         |          |              |

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

# **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

| Department of the Treasury<br>Internal Revenue Service | ury   mornation about Schedule A (Point 950 of 550-22) and its instructions is |   |  |                                   |                       |   | Set Inspection   |   |                         |                                  |
|--|--|---|--|-----------------------------------|-----------------------|---|------------------|---|-------------------------|----------------------------------|
| Name of the organization                               |  |   |  |                                   |                       |   |                  | Employer                                  | identificat             | lon number                       |
| China Harves   | t, Inc.  |   |  |                                   |                       |   |                  | 54-18                                     | 5 <u>202</u> 7          | ·                                |
| Part I Reason  | for Publ   | ic Charity Status                                   | (All organizations r   | nust co                           | mplete                | this pa   | art.) Se         | ee insti                                  | uctions                 | S                                |
| The organization is r                                  | ot a private   | foundation because it                               | s (For lines 1 through 1   | 1, check                          | only on               | e box.)   |                  |   |                         |                                  |
| 1 A church,  | convention o   | of churches or associat                             | on of churches describ   | ed ın seç                         | tion 170              | )(b)(1)(A)  | (i).             |   |                         |                                  |
| 2 A school o   | escribed in  | section 170(b)(1)(A)(ii                             | i). (Attach Schedule E )   |                                   |                       |   |                  |   |                         |                                  |
| 3 A hospital   | or a cooper  | ative hospital service o                            | rganization described in   | section                           | 170(b)(               | 1)(A)(iii).                                       |                  |   |                         |                                  |
|  |  | ganization operated in                              | conjunction with a hosp  | ital descr                        | bed in s              | section 1   | 70(b)(1          | )(A)(iii)                                 | Enter th                | e hospital's                     |
| 5 An organi  |  | ted for the benefit of a                            | college or university ow   | ned or op                         | erated i              | by a gove   | rnment           | al unit de                                | bednoze                 | in section                       |
|  |  | •   | rnmental unit described  | ın sectlo                         | n 170(b               | )(1)(A)(v)  | ١.               |   |                         |                                  |
| 7 An organi  | ation that n   | -   | stantial part of its suppo   |                                   |                       |   | -                | n the ge                                  | neral pul               | blic described                   |
|  |  |   | b)(1)(A)(vi). (Complete  | Part II)                          |                       |   |                  |   |                         |                                  |
| from activ   | ties related<br>t income an  | to its exempt functions                             | ore than 33-1/3% of its<br>— subject to certain exc<br>exable income (less sec<br>plete Part III)  | ceptions.                         | and (2)               | no more !   | than 33          | -1/3% of                                  | its supp                | ort from gross                   |
| 10 An organi   | zation organ   | ized and operated excl                              | lusively to test for public  | safety S                          | See sect              | ion 509(a   | a)(4).           |   |                         |                                  |
| mare pub   | icly supporte  | ed organizátions descri                             | lusively for the benefit on the control of the cont | or section                        | on 509(a              |   |                  |   |                         |                                  |
| а Птур   | el b   | Type II c   | Type III - Function  | ally integ                        | rated                 | d   | Пт               | ype III -                                 | Non-fu                  | nctionally integrated            |
| By checki<br>other than<br>section 50                  | foundation   | I certify that the organic<br>managers and other th | zation is not controlled of<br>an one or more publicly   | directly or<br>supporte           | indirect              | ly by one<br>iizations d                          | or more          | e disqua<br>ed in sec                     | lified per<br>tion 509( | sons<br>(a)(1) or                |
|  |  | eived a written determi                             | nation from the IRS tha  | lısa Typ                          | e I, Typi             | ell or Typ  | e III su         | pporting                                  | organiza                | ntion,<br>[                      |
| g Since Aug  | just 17, 200   | 6, has the organization                             | accepted any gift or co  | ntributior                        | n from a              | ny of the   | followin         | g persor                                  | ıs?                     | [ <del>12.</del> ]               |
|  |  |   | trols, either alone or tog<br>orted organization?  |                                   | person                | s describ   | ed in (iı        | ) and (iii)                               |                         | Yes No                           |
| (II) A fa  | mily membe   | er of a person describe                             | d in (i) above?  |                                   |                       |   |                  |   |                         | . 11g (II)                       |
| (iii) A 3  | 5% controlle   | d entity of a person de                             | scnbed in (i) or (ii) abov   | θ?                                |                       |   |                  |   |                         | 11 g (iii)                       |
| h Provide II   | supported  | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions))   | (iv) is<br>organiza<br>column (i) | ation in<br>Listed in | (v) Did you<br>the organiz<br>column (i)<br>suppo | ation in of your | (vi) la<br>organiza<br>colum<br>organizad | n (i)                   | (vii) Amount of monetary support |
|  |  |   | (see that delications)   | your gor<br>docur<br>Yes          | nent?                 | Yes   | No               | Yes                                       | No No                   |                                  |
|  | <u> </u>   | <del></del>   |  | 105                               | NO                    | Tes   | NO               | 162                                       | NO                      | <del> </del>                     |
| (A)  |  |   | <u> </u>   | ļ                                 |                       |   |                  |   |                         |                                  |
| (B)  |  |   |  |                                   |                       |   |                  |   |                         |                                  |
| (C)  | ·  |   |  |                                   |                       |   |                  |   |                         |                                  |
|  |  |   |  |                                   |                       |   |                  |   |                         |                                  |
| (D)  |  | <del> </del>  | <del> </del>   | -                                 | <del> </del>          |   |                  | -   | · · · · ·               |                                  |
|  |  | l e   |  |                                   |                       |   |                  |   |                         |                                  |
| (E)  |  |   |  | ļ                                 |                       | ļ   | <br> -           | <del> </del>                              | <u> </u>                |                                  |

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   |  |  |  |  |                                    |                          |
|------|--|--|--|--|--|------------------------------------|--------------------------|
| pegi | ndar year (or fiscal year<br>nning in) 🟲   | (a) 2009                                     | (b) 2010                                   | (c) 2011                                     | ( <b>d</b> ) 2012                          | (e) 2013                           | (f) Total                |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')   | 732,913.                                     | 785,249.                                   | 763,117.                                     | 605,941.                                   | 729,615.                           | 3,616,835.               |
| 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   | 732,913.                                     | 785,249.                                   | 763,117.                                     | 605,941.                                   | 729,615.                           | 3,616,835.               |
| 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 |  |  | . ,  |  | 24 - 164<br>- 164<br>- 164         |                          |
| 6    | shown on line 11, column (f)  Public support. Subtract line 5 from line 4  |  |  |  |  |                                    | 1,343,250.<br>2,273,585. |
| Sec  | tion B. Total Support  | ·  |  |  |  | <u></u>                            | 2,213,303.               |
| Cale | ndar year (or fiscal year<br>nning in) •   | (a) 2009                                     | <b>(b)</b> 2010                            | (c) 2011                                     | (d) 2012                                   | (e) 2013                           | (f) Total                |
| 7    | Amounts from line 4  | 732,913.                                     | 785,249.                                   | 763,117.                                     | 605,941.                                   | 729,615.                           | 3,616,835.               |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 1,659.                                       | 1,573.                                     | 1,791.                                       | 1,280.                                     | 252.                               | 6,555.                   |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on   |  |  |  | 2,233.                                     |                                    |                          |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |  | 1,641.                                     | 277.   | 1.   | 8,321.                             | 10,240.                  |
| 11   | Total support, Add lines 7 through 10  |  |  |  |  |                                    | 3,633,630.               |
| 12   | Gross receipts from related activiti   | es, etc (see instruc                         | ctions)                                    |  |  | 12                                 | 11,141.                  |
| 13   | First five years. If the Form 990 is organization, check this box and s  | s for the organization                       | on's first, second, t                      | hird, fourth, or fifth                       | tax year as a sect                         | tion 501(c)(3)                     |                          |
| Sec  | tion C. Computation of Pu  | blic Support P                               | ercentage                                  |  |  |                                    |                          |
|      | Public support percentage for 201  |  |  |  |  |                                    | 62.57 %                  |
| 15   | Public support percentage from 20  | 012 Schedule A, Pa                           | art II, line 14                            | • • • • • • • • •                            | • • • • • • • • • •                        | 15                                 | 60.75%                   |
| 16   | a 33-1/3% support test — 2013. If<br>and stop here, The organization (   |  |  |  |  |                                    |                          |
| 1    | o 33-1/3% support test — 2012. If and stop here. The organization  | the organization did<br>qualifies as a publi | d not check a box o<br>cly supported orga  | on line 13 or 16a, a<br>nization             | and line 15 is 33-1/                       | 3% or more, chect                  | this box                 |
| 17   | a 10%-facts-and-circumstances to<br>or more, and if the organization m<br>the organization meets the facts-a   | eets the 'facts-and                          | -circumstances' tes                        | st, check this box a                         | and stop here. Exc                         | olain in Part IV hov               | v                        |
|      | o 10%-facts-and-circumstances to<br>or more, and if the organization m<br>organization meets the facts-and-  | eets the 'facts-and-<br>circumstances' tes   | -circumstances' tes<br>t. The organization | st, check this box a<br>r qualifies as a pub | and stop here. Exp<br>plicly supported org | plain in Part IV how<br>janization | v the ▶ [                |
| 18   | Private foundation. If the organiz   | zation did not checl                         | c a box on line 13,                        | 16a, 16b, 17a, or                            | 17b, check this box                        | k and see instruction              | ons                      |
| BAA  |  |  |  |  | Sc   | hedule A (Form 99                  | 0 or 990-EZ) 2013        |

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.)

|        | tion A. Public Support  |  |   |   |   |                                |                |               |
|--------|---|--|---|---|---|--------------------------------|----------------|---------------|
| Calend | dar year (or fiscal yr beginning in) >  | (a) 2009                                 | (b) 2010                                  | (c) 2011                                    | (d) 2012                                  | (e) 2013                       |                | (f) Total     |
| 1      | Gifts, grants, contributions<br>and membership fees<br>received (Do not include<br>any unusual grants ) |  |   |   |   |                                |                |               |
| 2      | Gross receipts from admis-  |  |   | <del></del>                                 | <del> </del>                              |                                |                |               |
| _      | sions, merchandise sold or  | Í  |   |   | 1   | ì                              | 1              |               |
|        | services performed, or facilities furnished in any activity that is                                     |  |   |   |   | ĺ                              |                |               |
|        | related to the organization's   |  |   |   | 1   | ļ                              | ļ              |               |
|        | tax-exempl purpose  |  |   |   |   |                                |                |               |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.           |  |   |   |   |                                |                |               |
| 4      | Tax revenues levied for the   |  |   |   | <u> </u>                                  |                                |                |               |
|        | organization's benefit and either paid to or expended on  |  | 1   |   |   | }                              | 1              |               |
|        | its behalf  |  |   |   |   |                                |                |               |
| 5      | The value of services or facilities furnished by a  |  |   |   |   |                                |                |               |
|        | governmental unit to the  |  |   |   |   | ĺ                              |                |               |
|        | organization without charge   |  |   |   | <u> </u>                                  |                                |                |               |
|        | Total. Add lines 1 through 5  |  |   |   | L   |                                |                |               |
| 7 a    | Amounts included on lines 1,<br>2, and 3 received from  |  | 1   | }   | _   |                                |                |               |
|        | disqualified persons  | 1  |   |   | 1   | Ì                              | Ì              |               |
| t      | Amounts included on lines 2   |  |   | ·   | f   |                                |                |               |
|        | and 3 received from other than  |  |   | <b>,</b>                                    |   | <b>\</b>                       | - 1            |               |
|        | disqualified persons that exceed the greater of \$5,000 or  |  |   |   |   |                                |                |               |
|        | 1% of the amount on line 13   | ļ  | ļ   | ļ   |   | ļ                              | - 1            |               |
|        | for the year.   |  |   | <del> </del>                                | ļ <del>-</del>                            |                                |                |               |
|        | Add lines 7a and 7b   |  | <b></b>                                   | <b></b>                                     | ļ   | <u> </u>                       |                |               |
| 8      | Public support (Subtract line 7c from line 6)   |  |   |   |   |                                |                |               |
| Sec    | tion B. Total Support   |  |   |   |   |                                |                |               |
| Cafer  | ndar year (or fiscal yr beginning in) 🟲 👚   | (a) 2009                                 | (b) 2010                                  | (c) 2011                                    | (d) 2012                                  | (e) 2013                       | 1              | (f) Total     |
| -      | Amounts from line 6   | L  |   |   |   | L                              |                |               |
| 10 a   | a Gross income from interest,   |  |   |   |   |                                |                |               |
|        | dividends, payments received on securities loans, rents,  |  |   | 1   | 1   |                                |                |               |
|        | royalties and income from   |  |   |   |   |                                | 1              |               |
|        | similar sources   | ļ <del> </del>                           | <del> </del>                              |   | <del> </del>                              | <del> </del>                   |                |               |
|        | income (less section 511  |  |   |   | 1   |                                | 1              |               |
|        | taxes) from businesses acquired after June 30, 1975   |  |   |   |   | ł                              |                |               |
|        | c Add lines 10a and 10b   | ļ  | ļ   | <del> </del>                                | <del> </del>                              | <del> </del> -                 |                |               |
| 11     | · · · · · · · · · · · · · · · · · · ·   |  |   | <del> </del>                                | <del> </del>                              | <del> </del> -                 |                |               |
| • • •  | activities not included in line 10b,  |  |   |   |   |                                |                |               |
|        | whether or not the business is regularly carried on   |  |   |   |   | Ì                              |                |               |
| 12     | Other income. Do not include  | <del> </del>                             | <del> </del>                              | <del> </del>                                | <del> </del>                              | <del> </del>                   | <del></del> -  |               |
|        | gain or loss from the sale of   |  | 1   |   |   | ì                              |                |               |
|        | čapital assets (Explain in Part IV)   | 1  |   |   |   |                                |                |               |
| 13     | Total Support. (Add Ins 9,10c. 11 and 12.)  |  |   |   | 1   |                                |                |               |
| 14     | First five years. If the Form 990 a organization, check this box and s                                  | s for the organizat                      | tion's first, second,                     | third, fourth, or fift                      | h tax year as a sec                       | tion 501(c)(3)                 |                |               |
|        |   |  |   | <u> </u>                                    | <del> </del>                              | · · · · · · ·                  | <u>· · · ·</u> | · · · · •     |
|        | ction C. Computation of Pu  |  |   | 0 1 (0)                                     |   | <del></del>                    | 45 1           |               |
|        | Public support percentage for 201   | • •                                      | •   |   |   |                                | 15             |               |
|        | Public support percentage from 2  |  |   |   |   | <del></del> .                  | 16             |               |
|        | ction D. Computation of Inv   |  |   |   | (6)                                       | <del></del> -                  | 42.1           |               |
| 17     | •   | •  |   | •   |   |                                | 17             |               |
| 18     |   |  |   |   |   |                                | 18             | <del>17</del> |
| 19     | a 33-1/3% support tests - 2013. It is not more than 33-1/3%, check                                      | i trie organization<br>this box and stop | aia noi check the t<br>here. The organiza | oox on line 14, and<br>ation qualifies as a | n e rom si or enii i<br>Detrocaus ybildug | an 33-1/3%, a<br>Lorganization |                | .''           |
|        | h 33-1/3% support tests ~ 2012. I   | if the organization                      | did not check a bo                        | x on line 14 or line                        | 19a, and line 16 is                       | more than 3                    | 3-1/3%.        | and           |
|        | line 18 is not more than 33-1/3%.   | check this box an                        | d stop here. The o                        | organization qualifi                        | ies as a publicly su                      | pported organ                  | nızation       |               |
| 20     | Private foundation, if the organi   | zation did not ched                      | ck a box on line 14                       | , 19a, or 19b, ched                         | ck this box and see                       | instructions.                  | ٠              |               |

| Schedule A (Form 990 or 990-EZ) 2013 China Harvest, Inc.  | 54-1852027 Page 4                 |
|---|-----------------------------------|
| Part IV   Supplemental Information. Provide the explanations required by Part II, line 10, or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | Part II, line 17a                 |
| Pt_II_Line_10: Description: Refunds-prior_year_expenses   | ~                                 |
| Pt_II_Line_10: 2010: 1641.  |                                   |
| Pt_II_Line_10: 2011: 277.   |                                   |
| Pt_II_Line_10: Description: Misc  |                                   |
| Pt_II_Line_10:_2012:_1  |                                   |
| Pt_II_Line_10: Description: Prior_yr-health ins premium refunds   |                                   |
| Pt_II_Line_10: 2013: 7919.  |                                   |
| Pt_II_Line_10: Description: Write_off_prior_yr_trip_deposit   | <b></b>                           |
| Pt_II_Line_10: 2013: 150.   |                                   |
| Pt_II_Line_10: Description: Adj inventory-printed_materials   |                                   |
| Pt_II_Line_10: 2013: 252.   |                                   |
|   |                                   |
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| DAA   |                                   |
| BAA Sch   | edule A (Form 990 or 990-EZ) 2013 |

### · SCHEBULE D (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer Identification number

| Ch i | na Harvest, Inc.   |   |                                       |                              | 54-18520                          | 027                         |             |
|------|--|---|---------------------------------------|------------------------------|-----------------------------------|-----------------------------|-------------|
| Par  | Organizations Maintaining Don  | or Advised Funds or Oth   | er Similar Fur                        | nds or Ac                    | counts.                           |                             |             |
|      | Complete if the organization answ  | <del>, ,</del>  |                                       |                              |                                   |                             |             |
|      | · <del></del>  | (a) Donor advised for   | ınds                                  | (b) F                        | unds and oth                      | er account                  | s           |
| 1    | Total number at end of year  | · <u> </u>  |                                       |                              |                                   |                             |             |
| 2    | Aggregate contributions to (during year)   |   |                                       |                              |                                   |                             | <del></del> |
| 3    | Aggregate grants from (dunng year)   | ·   |                                       |                              |                                   |                             |             |
| 4    | Aggregate value at end of year   | ·[  |                                       |                              |                                   |                             |             |
| 5    | Did the organization inform all donors and dono are the organization's property, subject to the or   | r advisors in writing that the asse<br>ganization's exclusive legal conti   | ts held in donor ac<br>ol?            | dvised funds                 | 🗀                                 | Yes                         | No          |
| 6    | Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?                                  | if the donor or donor advisor, or fo  | or any other purpo                    | se confermo                  | i                                 | Yes                         | —<br>□ No   |
|      |  |   |                                       |                              | • • • • •                         |                             |             |
| Pa   | til Conservation Easements. Complete if the organization answ  | vered 'Ves' to Form 990 P   | art IV line 7                         |                              |                                   |                             |             |
| -    | Purpose(s) of conservation easements held by   |   |                                       | <del></del>                  | <del></del>                       |                             |             |
| '    | Preservation of land for public use (e.g., red   | · · · · · · · · · · · · · · · · · · ·                                       | Preservation o                        | f an historica               | lly (moortant le                  | and area                    |             |
|      | Protection of natural habitat  | creation or education;  | Preservation o                        |                              |                                   |                             |             |
|      | Preservation of open space   |   |                                       | , a contined it              | isiono structul                   |                             |             |
| 2    | Complete lines 2a through 2d if the organization   | held a qualified conservation co  | ntabution in the fo                   | rm of a cons                 | ervation ease                     | ment on th                  | Δ.          |
| •    | last day of the tax year.  | Their a qualified consolitation co  |                                       | 0. 0 00.13                   | ortanon daso                      | mon on u                    |             |
|      |  |   |                                       |                              | Held at the E                     | nd of the                   | Tax Year    |
|      | Total number of conservation easements   |   |                                       | . 2 a                        |                                   |                             |             |
|      | Total acreage restricted by conservation easem   | nents   |                                       | . 2 b                        |                                   |                             |             |
|      | Number of conservation easements on a certific   | ed historic structure included in (a  | 1)                                    | 2 c                          |                                   |                             |             |
|      | d Number of conservation easements included in structure listed in the National Register   |   |                                       | . 2 d                        | _                                 |                             |             |
| 3    | Number of conservation easements modified, to tax year ►   | ransferred, released, extinguished  | d, or terminated by                   | the organization             | ation during th                   | 18                          |             |
| 4    | Number of states where property subject to cor   | iservation easement is located 🟲  |                                       |                              |                                   |                             |             |
| 5    | Does the organization have a written policy reg and enforcement of the conservation easement   |   | spection, handling                    |                              | -1.                               | Yes                         | No          |
| 6    | Staff and volunteer hours devoted to monitoring  | g, inspecting, and enforcing consi  | ervation easement                     | ts during the                | year                              |                             |             |
| 7    | Amount of expenses incurred in monitoring, ins   | pecting, and enforcing conservat  | ion easements du                      | nng the year                 |                                   |                             |             |
| 8    | Does each conservation easement reported on and section 170(h)(4)(B)(ii)?  | line 2(d) above satisfy the requir  | ements of section                     | 170(h)(4)(B)                 | (i)<br>• • • • • • □              | Yes                         | No          |
| 9    | In Part XIII, describe how the organization repo<br>include, if applicable, the text of the footnote to<br>conservation easements                                  | orts conservation easements in its<br>the organization's financial states   | revenue and exp<br>ments that describ | ense stateme<br>es the organ | ent, and balan<br>ization's acco  | ce sheet, a<br>unting for   | and         |
| Pa   | Organizations Maintaining Coll<br>Complete if the organization answers   | lections of Art, Historical<br>wered 'Yes' to Form 990, F                   | Treasures, o<br>Part IV, line 8.      | r Other Si                   | milar Asse                        | its.                        | _           |
| 1    | a If the organization elected, as permitted under<br>art, historical treasures, or other similar assets<br>in Part XIII, the text of the footnote to its financial | held for public exhibition, educati   | on, or research in                    | tatement and<br>furtherance  | l balance shee<br>of public servi | et works of<br>ce, provide  | 9,          |
|      | b If the organization elected, as permitted under<br>historical freasures, or other similar assets held<br>following amounts relating to these items:              | d for public exhibition, education,   | or research in furt                   | herance of p                 | ublic service, į                  | orks of art,<br>provide the | ,           |
|      | (i) Revenues included in Form 990, Part VIII,  |   |                                       |                              |                                   |                             |             |
|      | (II) Assets included in Form 990, Part X   |   |                                       |                              |                                   |                             |             |
| 2    | If the organization received or held works of ar amounts required to be reported under SFAS  | t, historical treasures, or other sir<br>116 (ASC 958) relating to these it | milar assets for fina<br>ems          | ancial gaın, p               | rovide the foll                   | owing                       |             |
|      | a Revenues included in Form 990, Part VIII, line   | 1   |                                       |                              | ▶\$_                              |                             |             |
|      | b Assets included in Form 990, Part X  |   |                                       |                              | . ▶\$                             |                             |             |
| ВА   | A For Paperwork Reduction Act Notice, see t  | he Instructions for Form 990.   | TEEA3301                              | 10/02/13                     | Schedul                           | le D (Form                  | 990) 201    |

|  | Harvest, Inc                          |                             |                                 | 54-1852                               |  | Page 2  |
|--|---------------------------------------|-----------------------------|---------------------------------|---------------------------------------|--|---|
| Part III Organizations Mainta  | ining Collections                     | of Art, Histor              | rical Treasures, or             | Other Similar Ass                     | ets (continu                                     | ued)  |
| <ol> <li>Using the organization's acquisition<br/>items (check all that apply).</li> </ol> | n, accession, and other               | r records, check a          | ny of the following that a      | re a significant use of its           | collection                                       |   |
| a Public exhibition  |                                       | d Loan or                   | exchange programs               |                                       |  |   |
| b Scholarly research   |                                       | e 🗌 Other                   |                                 |                                       |  |   |
| c Preservation for future generat  | lions                                 |                             |                                 |                                       |  |   |
| 4 Provide a description of the organiz<br>Part XIII  | zation's collections and              | d explain how they          | further the organization        | 's exempt purpose in                  |  |   |
| 5 During the year, did the organization to be sold to raise funds rather than              | n to be maintained as                 | part of the organiz         | ation's collection?             | <u> </u>                              | Yes  | No  |
| Part IV   Escrow and Custodia line 9, or reported an ar                                    |                                       |                             |                                 | vered 'Yes' to Form                   | 990, Part i\                                     | <b>/</b> .                                    |
| 1 a Is the organization an agent, truste<br>on Form 990, Part X?                           | e, custodian, or other                | intermediary for co         | ontributions or other asse      | ets not included                      | Yes  | □No   |
| b If 'Yes,' explain the arrangement in   |                                       |                             | le                              |                                       |  |   |
| c Beginning balance  |                                       |                             |                                 | ļ <del></del>                         | Amount   |   |
| d Additions during the year  |                                       |                             |                                 | 10                                    |  |   |
| • •  |                                       |                             |                                 |                                       |  |   |
| e Distributions during the year  |                                       |                             |                                 | 10                                    |  |   |
| f Ending balance   |                                       |                             |                                 | · [ 1f]                               | 1.4  | 1   |
| 2 a Did the organization include an am<br>b if Yes,' explain the arrangement in            |                                       |                             |                                 | · · · · · · · · · · · · · · · · · · · | Yes  | _ No  |
|  |                                       |                             |                                 |                                       |  | LJ<br>  |
| Part V   Endowment Funds. C  | omplete if the org                    | anization ansv              | vered 'Yes' to Form             | 990, Part IV, line 10                 | 0.   |   |
|  | (a) Current year                      | (b) Pnor year               | (c) Two years back              | (d) Three years back                  | (e) Four yea                                     | rs back                                       |
| 1 a Beginning of year balance  | ļ                                     |                             |                                 |                                       | 1  |   |
| b Contributions  |                                       |                             |                                 |                                       |  | _   |
| c Net investment earnings, gains, and losses   |                                       |                             |                                 |                                       |  |   |
| d Grants or scholarships   | J                                     |                             |                                 | _                                     | <del>                                     </del> |   |
| e Other expenditures for facilities and programs   |                                       |                             |                                 |                                       |  |   |
| f Administrative expenses .  |                                       |                             | <del></del>                     | <del> </del>                          | <del> </del> -                                   |   |
| g End of year balance  |                                       |                             |                                 |                                       | <del> </del>                                     | _   |
| 2 Provide the estimated percentage   | of the current year en                | t halance (line 1g          | column (a)) hold as             | <del>!</del>                          | <del>'</del>                                     |   |
| a Board designated or quasi-endowr   | •                                     | 2 Dalarico (iiric 19,       | Column (a)) note as.            |                                       |  |   |
| b Permanent endowment  |                                       |                             |                                 |                                       |  |   |
| c Temporarily restricted endowment   |                                       | <b>Q</b> .                  |                                 |                                       |  |   |
| •  |                                       | %<br>                       |                                 |                                       |  |   |
| The percentages in lines 2a, 2b, ai  | na 2c snoula equal 10                 | U%                          |                                 |                                       |  |   |
| 3 a Are there endowment funds not in   | the possession of the                 | organization that a         | are held and administere        | ed for the                            | [ Ye-  |   |
| organization by  |                                       |                             |                                 |                                       | Yes  | No  |
| (i) unrelated organizations  |                                       |                             |                                 |                                       | . 3a(i)  | <b></b>                                       |
| (ii) related organizations   | · · · · · · · · · · · · · · · · · · · |                             |                                 |                                       | 3a(ii)   |   |
| b If 'Yes' to 3a(ii), are the related org  | £                                     | •                           |                                 | • • • • • • • • •                     | . 3b   | _L_   |
| 4 Describe in Part XIII the intended i   |                                       | n's endowment fu            | nds.                            |                                       |  |   |
| Part VI Land, Buildings, and Complete if the organiz                                       |                                       | res' to Form 99             | 90, Part IV, line 11a           | a. See Form 990, Pa                   | art X, line 10                                   | <b>)</b> .                                    |
| Description of property  |                                       | t or other basis ivestment) | (b) Cost or other basis (other) | (c) Accumulated depreciation          | (d) Book   | alue  |
| 1a Land  |                                       |                             | 46,000.                         |                                       | 46   | 5,000   |
| <b>b</b> Buildings   |                                       |                             | 56,843.                         | 8,159.                                |  | 3,684   |
| c Leasehold improvements   |                                       |                             |                                 |                                       |  |   |
| d Equipment  | <b>—</b>                              |                             | 19,991.                         | 19,237.                               | · · · · · · · · · · · · · · · · · · ·            | 754   |
|  |                                       |                             |                                 |                                       |  | <u> , , , , , , , , , , , , , , , , , , ,</u> |
| e Other.   | ·                                     |                             |                                 |                                       |  |   |
| e Other  | <del></del>                           | 990 Part Y colum            | 1.022.                          | 1,022.                                | -  | 0<br>5,438                                    |

| Schedule D (Form 990) 2013 China Harvest, In-   | c  | 54~1852027  | Page 3       |
|---|--|---|--------------|
| Part VII Investments - Other Securities.  |  |   |              |
|   | 'Yes' to Form 990, P                             | art IV, line 11b. See Form 990, Part X, line 12                           | 2            |
| (a) Description of security or category (including name of security)  | (b) Book value                                   | (c) Method of valuation. Cost or end-of-year market value                 | . —          |
| (1) Financial derivatives   |  |   |              |
| (2) Closely-held equity interests   |  |   |              |
| (3) Other   |  |   |              |
| (A)   |  |   |              |
| (B)   |  |   |              |
| (C)   |  |   |              |
| (b)   |  |   |              |
| (E)   |  |   |              |
| (F)   |  |   |              |
| (G)   |  |   |              |
| (H)   | -  |   |              |
| (I)   |  |   |              |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12)  Part VIII Investments — Program Related. | · <u> </u>                                       |   |              |
| Complete if the organization answered   | 'Yes' to Form 990. F                             | Part IV, line 11c. See Form 990, Part X, line 13                          | ı            |
| (a) Description of investment type  | (b) Book value                                   | (c) Method of valuation Cost or end-of-year market v                      | alue         |
| (1)   | <del>                                     </del> |   |              |
| (2)   |  |   |              |
| _ (3)   |  |   | <del>-</del> |
| (4)   |  |   |              |
| (5)   |  |   |              |
| (6)   |  |   |              |
| _ (7)   |  |   |              |
| (8)   |  |   |              |
| (9)   |  |   |              |
| (10)  | <u> </u>   |   |              |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13)   | · <u>l</u>                                       |   |              |
| Part IX Other Assets.   | 'Voe' to Form 990 E                              | Part IV, line 11d. See Form 990, Part X, line 15                          |              |
| (a) Do  | escription                                       | (b) Book va   |              |
| (1)   |  | ( ) Dook to   |              |
| (2)   |  |   |              |
| (3)   |  |   |              |
| (4)   |  |   |              |
| (5)   |  |   |              |
| (6)   |  |   |              |
| (7)<br>(8)  |  |   |              |
| (9)   |  |   |              |
| (10)  |  |   |              |
| Total. (Column (b) must equal Form 990, Part X, column (B),   | . line 15.)                                      |   |              |
| Part X_ Other Liabilities.  |  |   |              |
| Complete if the organization answered 'Yes' to  | Form 990, Part IV, line 1                        | 1e or 11f See Form 990, Part X, line 25                                   |              |
| (a) Description of liability  | (b) Book value                                   |   |              |
| (1) Federal income taxes  |  |   |              |
| (2)   |  |   |              |
| (3)   |  | ·{  |              |
| (4)   | <del></del>                                      | · ·   |              |
| (6)   |  | -   |              |
| (7)   |  |   |              |
| (8)   |  |   |              |
| (9)   |  | •   |              |
| (10)  |  |   |              |
| (11)  |  |   |              |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25)   | . •  |   |              |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo                            |  | ancial statements that reports the organization's liability for uncertain |              |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnotion                                 |  |   |              |
| BAA   | TEEA3303 10/02/13                                | Schedule D (Form 99   | 90) 2013     |

| Schedule D (Form 990) 2013 China Harvest, Inc.   | 54-1852027           | Page          |
|--|----------------------|---------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return.              |               |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  |                      |               |
| 1 Total revenue, gains, and other support per audited financial statements   | 1                    | <del></del> - |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                      | <del></del>   |
| a Net unrealized gains on investments  | ·                    |               |
| b Donated services and use of facilities   | —[:: [               |               |
| c Recovenes of prior year grants   |                      |               |
| d Other (Describe in Part XIII )   | <del>-</del> -  ·    |               |
| e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2 8                  |               |
| 3 Subtract line 2e from line 1   |                      |               |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | -                    |               |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a  | •                    |               |
| b Other (Describe in Part XIII )   | <del></del>          |               |
| c Add lines 4a and 4b  | —— - <del></del>     |               |
|  |                      |               |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                      |               |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p   | oer Return.          |               |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  |                      |               |
| 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   | 1 1                  |               |
| b Pnor year adjustments  |                      |               |
| c Other losses   |                      |               |
| d Other (Describe in Part XIII )   |                      |               |
| e Add lines 2a through 2d  | 2 e                  |               |
| 3 Subtract line 2e from line 1   |                      |               |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1  | _                    |               |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a  |                      |               |
| b Other (Describe in Part XIII )   |                      |               |
| c Add lines 4a and 4b  |                      |               |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   | 5                    |               |
| Part XIII   Supplemental Information.  |                      |               |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional to provide any additional transfer of the part XII, lines 2d and 4b Also complete this part to provide any additional transfer of the part XIII, lines 2d and 4b Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete this part to provide any additional transfer of the part XIII and Also complete the part XIII and XIII and XIII and XIII and XIII and XIII and XIII and XIII and XIII and XIII and XIII and XII | ditional information |               |
|  |                      |               |
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|  |                      |               |
|  |                      |               |
|  | . <b></b>            |               |
|  |                      |               |
| ВАА  | Schedule D (Form     | 990) 2013     |

| Schedule D (Form 990) 2013 China Harvest, Inc.  Part XIII Supplemental Information (continued) | 54-1852027       | Page 5       |
|--|------------------|--------------|
| Part XIII   Supplemental Information (continued)   |                  |              |
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| BAA TEEA3305 07/01/13  | Schedule D (Forr | n 990) 2013  |

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

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

Attach to Form 990. See separate instructions.

Information about Schedule F (Form 990) and its instructions is

at www.irs gov/form990.

OMB No 1545-0047

2013 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

China Harvest, 54-1852027 Part I General Information on Activities Outside the United States. Complete if the organization answered Yes' on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

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

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

| (a) Region                                 | (b) Number of<br>offices in the<br>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<br>expenditures for<br>and investments<br>in region |
|--|---|--|---|--|---|
| (1) East Asia and Pacific                  | 0   | 0  | Program Services  | Overseas travel  | 13,463  |
| (2) East Asia and Pacific                  | 0   | 0  | Grants to region  | Translation & humanitarian   | 48,040  |
| (3) East Asia and Pacific                  | 0   | 0  | Grants to region  | Educ. & humanitarıan   | 68,860  |
| (4) East Asia and Pacific                  | 0   | 0  | Grants to region  | Printing materials   | 150,327   |
| (5)  |   |  |   |  |   |
| (6)  |   |  |   |  |   |
| (7)  |   |  |   |  |   |
| (8)  |   |  |   |  |   |
| (9)  |   |  |   |  |   |
| 10)  |   |  |   |  |   |
| 11)  |   |  |   |  |   |
| 12)  |   |  |   |  |   |
| 13)  |   |  |   |  | ····  |
| 14)  |   |  |   |  |   |
| 15)  |   |  |   |  |   |
| 16)  |   |  |   |  | <del></del>   |
| 17)  |   |  |   |  |   |
| 3 a Sub-total                              | 0   | 0  |   | - <del> </del>   | 280,690   |
| b Total from continuation sheets to Part I |   |  | _   | 2.   | 200,090   |
| C Totals (add lines 3a and 3b)             |   | 0  | 1.  |  | 280,690   |

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 China Harvest, Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| -        | (a) Name of organization   | (b) IRS code<br>section and EIN<br>(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<br>non-cash<br>assistance | (i) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|----------|--|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|--|
| ε        |  |  | East Asia and Pacific Translation work | Translation work     | 38, 540.                 | 38,540. Wire transfer           |                                   |  |  |
| (3)      |  | *- ^   | East Asia and Pacific Humanitarian     | Humanitarian         | 7,000.                   | 7,000. Wire transfer            |                                   |  |  |
|          |  | , ,  |  |                      |                          |                                 |                                   |  |  |
| . 3      |  |  |  |                      |                          |                                 |                                   |  |  |
| · (S)    |  | ć.   |  |                      |                          |                                 |                                   |  |  |
| (9)      |  |  |  | _                    |                          |                                 |                                   |  |  |
| 8        |  |  |  |                      |                          |                                 |                                   |  |  |
| <b>@</b> |  |  |  |                      |                          |                                 |                                   |  |  |
| (6)      | •  |  |  |                      |                          |                                 |                                   |  |  |
| (10)     |  |  |  |                      |                          |                                 |                                   |  |  |
| (3)      | ,  |  |  |                      |                          |                                 |                                   |  |  |
| (12)     |  | , -  |  |                      |                          | ļ                               |                                   |  |  |
| (13)     |  | ių.  |  |                      |                          |                                 | -                                 |  |  |
| (14)     |  | i  |  |                      |                          |                                 |                                   |  |  |
| (45)     |  |  |  |                      |                          |                                 |                                   |  |  |
| (16)     |  |  |  |                      |                          |                                 |                                   |  |  |
| 2 Ente   | Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt by the IRS, or for which | ons listed above that                              | are recognized as cha                  | nties by the fores   | gn country, recognit     | zed as tax-exempt               | by the IRS, or for wh             | tich   |  |

3 Enter total number of other organizations or entities

3 Enter total number of other organizations or BAA

Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013 Chang Harvest, Inc.

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

| (a) Type of grant or assistance                             | (b) Regron               | (c) Number<br>of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-<br>cash assistance | (g) Description of non-cash assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|---|--------------------------|-----------------------------|--------------------------|---------------------------------|---------------------------------------|--|--|
| (1) Education support/training East Asia and Pacific 2, 460 | East Asia and Pacific    | 2,460                       | 17,213.                  | various means                   |                                       |  |  |
| (2) Humanıtarıan worker support East Asia and Paci          | East Asia and Pacific 88 | 88                          | 28,186.                  | various means                   |                                       |  |  |
| (3) Humanitarian to indigent East Asia and Pacific          | East Asia and Pacific    | 54                          | 23,461.                  | various means                   |                                       |  |  |
| (4) Printing materials                                      | East Asia and Pacific    | fic 50, 519                 | 150,327.                 | various means                   |                                       |  |  |
| (5)   |                          |                             |                          |                                 |                                       |  |  |
| (6)   |                          |                             |                          |                                 |                                       |  |  |
| (4)   |                          |                             |                          |                                 |                                       |  |  |
| (8)   |                          |                             |                          |                                 |                                       |  |  |
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| (11)  |                          |                             |                          |                                 |                                       |  |  |
| (12)  |                          |                             |                          |                                 |                                       |  |  |
| (13)  |                          |                             |                          |                                 |                                       |  |  |
| (14)  |                          |                             |                          |                                 |                                       |  |  |
| (15)  |                          |                             |                          |                                 |                                       |  |  |
| (16)  |                          |                             |                          |                                 |                                       |  |  |
| (17)  |                          |                             |                          |                                 |                                       |  |  |
| (18)  |                          |                             |                          |                                 |                                       |  |  |
| ВАА   |                          | Ī                           |                          |                                 |                                       | Schedule F                             | Schedule F (Form 990) 2013                                     |

|     | dule F (Form 990) 2013 China Harvest, Inc.  | 4-1852027        | 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,' 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)  | · · · Tyes       | 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 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)                   | Yes              | ΧΝο         |
| 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)   | Yes              | 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)   | · · · · Tes      | X No        |
| BAA | TEEA3505 06/26/13   | Schedule F (Forr | 1 990) 2013 |

| BAA                              | TEEA3504 08/26/13  | Schedule F (Form         | 990) 2013 |
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|                                  | with the recupients of our grants  |                          |           |
|                                  | more of the following: written, verbal, and  |                          |           |
| Pt I Line 2                      | able. Also complete this part to provide any additional information (s China_Harvest_communicates_through_a_combin   |                          |           |
| Part V Suppl<br>Provid<br>(accou | emental Information le the information required by Part I, line 2 (monitoring of funds); Parting method; amounts of investments vs expenditures per region); d); Part III (accounting method), and Part III, column (c) (estimated able. Also complete this part to provide any additional information (s) | rt I, line 3, column (f) | r age 3   |
| Schedule F (Form 9)              |  | 54-1852027               | Page 5    |

| SCHEDIII E 1   | פֿ  | rants and Oth   | er Assistance 1   | o Organization                       | į.  |  | OMB No. 1545-0047                     |
|--|---|---|---|--------------------------------------|---|--|---------------------------------------|
| (Form 990)   | Gov   | Vernments, and lete if the organizati                   | Governments, and Individuals in the United States Complete If the organization answered Yes' to Form 990, Part IV, line 21 or 22        | n the United St                      | ates<br>1 or 22.  | <u> </u>                               | 2013                                  |
| Department of the Treasury Internal Revenue Service  | ► Informatio  | n about Schedule I                                      | <ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990</li> </ul> | 0.<br>uctions is at <i>www.lr</i> s. | gov#orm990  |  | Open to Public<br>Inspection          |
| Name of the organization   |   |   |   |                                      |   | Employer Identification number         | cation number                         |
| Part   General Information on Grants and Assistance  | rants and Assist  | tance   |   |                                      |   | 20707 EC                               |                                       |
| <ul> <li>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?</li></ul>                                   | is to substantiate the a<br>grants or assistance?<br>procedures for monitor | mount of the grants of the grants of the use of grant f | r assistance, the grantee   | ss' eligibulity for the gran         |   |  | X Yes No                              |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | ance to Governm<br>for any recipient the                                    | ents and Organ  | izations in the Unit<br>than \$5,000. Part I  | ed States. Complicated               | ete if the organizatif additional space                     | tion answered 'Ye is needed.           | ss' to                                |
| (a) Name and address of organization or government   | (b) EIN   | (c) IRC section<br>if applicable                        | (d) Amount of cash grant  | (e) Amount of non-cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| (1) Agape Way<br>5616_Country_Lane<br>Greensboro NC 27410  | 56-2222794  | 501(c)(3)   | 28,000.   |                                      |   |  | Educ grant                            |
|  | 26-1197590  | 501(c)(3)   | 10,000.   |                                      |   |  | Educ/Translat1                        |
| (3) Asia_Harvest353  | 20-1648411  | 501(c)(3)   | 5,100.  |                                      |   |  | Humanitarian s                        |
| (4) Bless China, Int'l 317 Mill Avenue Coeurd' Alene ID 83814  | 26-0763646  | 501.(c) (3)   | 10,450.   |                                      |   |  | Humanıtarian/O                        |
| (5) Cornerstone Ministries In 2660 W. Woodland Dr., Ste Anaheim CA 92801   |   | 501(c)(3)   | 57,335.   |                                      |   |  | Humanıtarian s                        |
| (6) Fellowship_of_Christian_A<br>8701_Leeds_Rd<br>Kansas City MO 64129   |   | 501(c)(3)   | 25,050.   |                                      |   |  |                                       |
| (7) Missions to Unreached Peo<br>P.O. Box 860548<br>Plano TX 75086   | 91-1171837  | 501(c)(3)   | 11, 400.  |                                      |   |  | 1                                     |
| (8) Next   | 20-8565593  | <br> 501 (c) (3)  | 35,276.   |                                      |   |  |                                       |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     Enter total number of other organizations listed in the line 1 table   | i and government orgains listed in the                                      | nizations listed in the                                 | line 1 table  |                                      |   |  | 80 0                                  |
|  | e, see the Instruction  | s for Form 990.   |   | TEEA3901 07/12/13                    | 3711213   | Schedul                                | Schedule I (Form 990) (2013)          |

| 2013   | Continuation Page 1 of 1  | Employer identification number 54-1852027  | ), Part II.)   | of (h) Purpose of grant or assistance                 | Humanıtarian s                                | Humanitarian s                   |             |           |   |  |  | <br>Schedule I Cont (Form 990) 2013 |  |  |
|--|---|--|--|---|---|----------------------------------|-------------|-----------|---|--|--|-------------------------------------|--|--|
|  |   | Employer Identification of the control of the contr | le I (Form 990   | (g) Description of non-cash assistance                |   |                                  |             |           | į |  |  | Schedu                              |  |  |
| <del>(</del>                                 |   |  | d States (Schedu   | (f) Method of valuation (book, FMV, appraisal, other) |   |                                  |             |           |   |  |  |                                     |  |  |
| Continuation Sheet for Schedule I (Form 990) | al information for<br>ind Part III.   |  | tions in the Unite   | (e) Amount of<br>non-cash assistance                  |   |                                  |             |           |   |  |  |                                     |  |  |
|  | Attach to Form 990 to list additional information for<br>Schedule I (Form 990), Part II and Part III. |  | ce to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | (d) Amount of cash<br>grant                           | 7,300.  | 25,000.                          |             |           |   |  |  | TEEA4001 07/12/13                   |  |  |
| ontinuation S                                | Attach to Fo Schedul  |  |  |   |   | (c) IRC section<br>if applicable | 501 (c) (3) | 501(c)(3) |   |  |  |                                     |  |  |
| O  |   |  | d Other Assista  | (b) EIN   | 26-0031626                                    | 95-4589576                       |             |           |   |  |  |                                     |  |  |
|  |   | es Too   | 1.3  | (a) Name and address of organization or government    | 15  | C Asian Lo<br>38405              |             |           |   |  |  |                                     |  |  |
|  |   | Name of the organization   | Part II Cont   | (a) Name and a  | REN Group<br>P.O. Box 65531<br>Virginia Beach | Systematic                       |             |           |   |  |  |                                     |  |  |

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# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

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

➤ Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public - Inspection

Employer Identification number

|      | Types of Property  |                                |   | 154-  | 185202           | <u> </u>                   |                       |               |
|------|--|--------------------------------|---|---|------------------|----------------------------|-----------------------|---------------|
| Pari | Types of Property  |                                | · · · · · · · · · · · · · · · · · · ·               |   |                  |                            |                       |               |
|      |  | (a)<br>Check if<br>applicable  | (b) Number of contributions or items contributed    | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Metho<br>noncash | (d)<br>od of de<br>contrib | etermini<br>oution ar | ng<br>nounts  |
|      | Art — Works of art   |                                |   |   |                  |                            |                       |               |
| 2    | Art — Historical treasures   |                                |   |   |                  |                            |                       |               |
| 3    | Art - Fractional interests   |                                |   |   |                  |                            |                       |               |
| 4    | Books and publications   |                                |   | -   |                  |                            |                       |               |
| 5    | Clothing and household goods   |                                |   |   |                  |                            |                       |               |
| 6    | Cars and other vehicles  |                                |   |   |                  |                            |                       |               |
| 7    | Boats and planes   |                                |   |   |                  |                            |                       |               |
| 8    | Intellectual property  |                                |   |   | [                |                            |                       |               |
| 9    | Securities - Publicly traded   | X                              | 1   | 156,312.  | FMV              |                            |                       | _             |
| 10   | Securities - Closely held stock  |                                |   |   |                  |                            |                       |               |
| 11   | Securities - Partnership, LLC, or trust interests .  |                                |   |   |                  |                            |                       |               |
| 12   | Securities - Miscellaneous · · · · · · · · · · · · · · · · · · ·   |                                |   |   |                  |                            |                       |               |
| 13   | Qualified conservation contribution — Historic structures  |                                |   |   |                  |                            |                       |               |
| 14   | Qualified conservation contribution — Other  |                                |   |   |                  |                            |                       |               |
| 15   | Real estate – Residential  |                                | •   | <del></del>   |                  |                            | _                     |               |
| 16   | Real estate - Commercial · · · · · · · · · · · · · · · · · · ·   |                                |   |   |                  |                            |                       |               |
| 17   | Real estate - Other  |                                |   | <u> </u>  |                  |                            |                       | · · · · · · · |
| 18   | Collectibles   |                                |   |   |                  |                            | -                     |               |
| 19   | Food inventory   |                                |   | <u> </u>  |                  |                            |                       |               |
| 20   | Drugs and medical supplies   |                                |   |   |                  |                            |                       |               |
| 21   | Taxidermy  |                                |   |   |                  |                            |                       |               |
| 22   | Historical artifacts   |                                |   | 1   |                  |                            |                       |               |
| 23   | Scientific specimens   |                                |   |   |                  |                            |                       |               |
| 24   | Archeological artifacts  |                                |   |   |                  |                            | _                     |               |
| 25   | Other • () .   | *                              |   |   |                  |                            |                       |               |
| 26   | Other ().  |                                |   |   |                  |                            |                       |               |
| 27   | Other • () .   |                                |   |   |                  |                            |                       |               |
| 28   | Other • () .   |                                |   |   |                  | _                          |                       |               |
| 29   | Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee           | during the ta                  | ex year for contributions                           | s for which the   | 29               |                            |                       |               |
|      |  |                                |   |   |                  |                            | Yes                   | No            |
| 30a  | During the year, did the organization receive by conhold for at least three years from the date of the initi | Inbution any<br>al contributio | property reported in Pa<br>n. and which is not requ | irt I, lines 1-28, that it mus<br>uired to be used for exemi              | t<br>ot          |                            |                       |               |
|      | purposes for the entire holding period?  |                                |   |   |                  | 30 a                       |                       | X             |
| b    | If 'Yes,' describe the arrangement in Part II  |                                |   |   |                  |                            |                       |               |
| 31   | Does the organization have a gift acceptance policy  | that requires                  | the review of any non-                              | standard contributions?   |                  | 31                         | X                     |               |
| 32a  | Does the organization hire or use third parties or relations contributions?                                  |                                |   |   |                  | 32 a                       |                       | х             |
| b    | If 'Yes,' describe in Part II.   |                                |   |   |                  |                            |                       |               |
| 33   | If the organization did not report an amount in colum describe in Part II                                    | nn (c) for a ty                | pe of property for which                            | n column (a) is checked,  |                  |                            |                       |               |
| BAA  | For Paperwork Reduction Act Notice, see the Ins  | tructions fo                   | r Form 990.   |   | Schedu           | le M (F                    | om 990                | J) 2013       |

| Schedule M (Form 990) 2013 China Harvest, Inc.   | 54-1852027                                    | Page 2 |
|--|---|--------|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, the organization is reporting in Part I, column (b), the number of contributions, the received, or a combination of both. Also complete this part for any additional information. | 32b, and 33, and whet number of items nation. | her    |
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TEEA4602 06/27/13

BAA

Schedule M (Form 990) 2013

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

| China Harvest, In | c   | 54-185 <u>2027</u>               |
|-------------------|---|----------------------------------|
|                   | The finance committee reviews the 990 and makes                   |                                  |
|                   | and a summary to the full Board for their review                  |                                  |
|                   | and approval. The Board Secretary signs the fir                   | -                                |
| D. VI. 1.00 150   |   |                                  |
| Pt VI, Line 15a   | Salary data for positions of comparable responsi                  |                                  |
|                   | type of non-profit organizations are considered                   |                                  |
|                   | _compensation_levels_for_officers The approval_                   | for compensation                 |
|                   | is discussed at the annual board meeting. Office                  | cers, for whom                   |
|                   | the compensation is being approved, abstained fi                  | rom discussion                   |
|                   | and voting.   |                                  |
| Pt_VI, Line 15b_  | _Salary_data_for_positions_of_comparable_respons                  | ibility at similar               |
|                   | type of non-profit organizations are considered                   | when establishing                |
|                   | _compensation_levels_for_key_employees                            |                                  |
| Pt_VI, Line 19    | _The_organization's Articles_of Incorporation, w                  | nich                             |
|                   | _include_Conflict_of_Interest, Bylaws, and Finance                | cial                             |
|                   | _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                        |                                  |
| Pt_XI             | \$7,500 returned from prior year on project never started. Do     | nor redesignated to NK Project.  |
| Pt XI             | _\$24,077 returned from prior year on project never started. Dong | or redesignated to unrestricted. |
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