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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

2014

Open to Public Inspection

Α	For the	2014 calend	dar year, or tax year beginning , 2014, and ending		,							
В	Check if ap	pplicable	ble C Name of organization China Harvest, Inc. D Employer Identification number									
	Addre	ess change	Doing business as	54-1	852027	7						
	Name	e change	Number and street (or P O box if mail is not delivered to street address) Room/suite	Telephor								
	\vdash	l return	P. O. Box 12249	(316	942-	-8295						
	\mathbf{H}	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		7 7 3 2 2	-0273						
	\vdash	nded return	Wichita KS 67277-2249	G Groce re	counts \$	983,312.						
	\vdash	cation pending	F Name and address of principal officer H(a) Is this a g									
		cation pending				□.∞ □						
_	Tayay	empt status	Gary A. Russell P. O. Box 12249 Wichita KS 67277-2249 H(b) Are all sulf No. att. X 501(c)(3) 501(c) () ✓ (Insert no) 4947(a)(1) or 527	ach a list (s	ee instruction	ns)						
<u> </u>												
<u>J</u>		site: ► N/										
K		forganization	X Corporation Trust Association Other ► L Year of formation 1997	M St	ate of legal d	omicile KS						
Pa		Summar	<u> </u>									
			the organization's mission or most significant activities The primary exerting the primary e		rpose	<u>o</u> ±						
ce			rvest, Inc.: A strategic catalyst for service to Chin	ese								
nar.	E	Seobre A	orldwide.		. – – –							
Governance	2 C	heck this bo	x If the organization discontinued its operations or disposed of more than 25% of									
Go			ting members of the governing body (Part VI, line 1a)		3	11						
			dependent voting members of the governing body (Part VI, line 1b)		4	9						
Activities &			of individuals employed in calendar year 2014 (Part V, line 2a)		5	3						
			of volunteers (estimate if necessary)		6	1						
Ac	7a T	otal unrelate	d business revenue from Part VIII, column (C), line 12	[7a	0.						
	bΝ	let unrelated	business taxable income from Form 990-T, line 34	[7b	0.						
				or Year		Current Year						
0				729,6	15.	975,305.						
Revenue		_	ice revenue (Part VIII, line 2g)			2,700.						
eve			come (Part VIII, column (A), lines 3, 4, and 7d)	-2,6	45.	303.						
Œ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,6	59.	3,537.						
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	735,6		981,845.						
			milar amounts paid (Part IX, column (A), lines 1-3)	503,0	68.	718,377.						
		•	to or for members (Part IX, column (A), line 4)									
ø	15 S	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	174,8	09.	172,758.						
Expenses	16a P	Professional 1	fundraising fees (Part IX, column (A), line 11e)									
9	ьт	otal fundrais	ing expenses (Part IX, column (D), line 25) ► 0.									
Û	l		es (Part IX, column (A), lines 11a-11d, 11f-24e)	46,8	05.	62,256.						
		=	es Add lines 13-17 (must equal Part IX, column (A), line 25)	724,6	- 1	953,391.						
			expenses Subtract line 18 from line 12	10,9		28,454.						
8 6			Beginning			End of Year						
seets or Jalances	20 T	otal assets (Part X, line 16)	353,5		383,877.						
88	21 T		s (Part X, line 26)	13,4		20,321.						
Net As Fund B	22 N	let assets or	fund balances Subtract line 21 from line 20	340,1		363,556.						
	rt II	Signatu		340,1	02.	303,330.						
				dae and holi	of it is true o	orract and						
∞mi	olete Decl	aration of prepar	of prefinat in aye at amined this return, including accompanying schedules and statements, and to the best of my knowled (other than of the) is based on all information of which preparer has any knowledge	uge and ben	er, it is true, t	correct, and						
	-			JUNE	77	.70/5						
Sig	'n	Signatu	rre of officer Date		<u>, , , , , , , , , , , , , , , , , , , </u>	1 0015						
He	re	Ste	ve Miller Board	Secre	tarv							
			r print name and title	20016	.cury							
		Print/Type p	preparer's name Preparer's signature Date	Check	ıf PTIN	v						
Pa	id	EVAR	100 10 Takes 100 100 1662/16	self-employe	_	0712294						
	ıa eparer	- J-		son omploye	- [FU	01144						
	e Only			Firm's EIN								
		, innsaudre		Phone no								
May	the IR	l S discuss the	S return with the preparer shown above? (see instructions)	none no	<u> </u>	X Yes No						

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14



Form 990 (2014)

	990 (2014) China Harvest, Inc.		54-1852027	Page 2
Par	Statement of Program Service	-		
	Check if Schedule O contains a response	e or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1,	Briefly describe the organization's mission:			
	The primary exempt purpose o			
	China Harvest, Inc.: A strat	egic_catalyst_for_service	e_to_Chinese	
	people worldwide.			
2	Did the organization undertake any significant pi	rogram continue during the vices which we	an activated on the prior	
2	Form 990 or 990-EZ?		·	. V No
	If 'Yes,' describe these new services on Schedu		·····Yes	X No
3	Did the organization cease conducting, or make		ny program services? Yes	s X No
•	If 'Yes,' describe these changes on Schedule O.	organisan orangeo in now it contacts, an	is program services	<u> </u>
4	Describe the organization's program service acc Section 501(c)(3) and 501(c)(4) organizations at	e required to report the amount of grants	t program services, as measured by expensional allocations to others, the total expense	ses. es,
	and revenue, if any, for each program service re	ported.		
	(Code:) (Expenses \$ 80	9,575. including grants of \$	718.377.)(Revenue \$	0)
4 4				0.)
	Contributed financial suppor			
	Eastern Asian countries. In			
	provided for humanitarian ne		needy, support	
	to those who can't work, med	ical_assistance,_etc		
				-
				- -
				
				
				
	Worked on planning and logis to China. In the past, trip of China.			
4 c	(Code:) (Expenses \$ 8	1,716. including grants of \$	0.)(Revenue \$	0.)
-	Service and administrative a cannot be allocated to any o primary exempt purposes of t	ctivities associated with ne program but are necess	multiple projects that	
				-
<u> </u>	Other program services (Describe in Schedule	n)		
40	Other program services. (Describe in Schedule (Expenses \$ inclu	O.) ding grants of \$) (Revenue \$)
4 e	Total program service expenses	919,000.		
BAA		TEEA0102 05/28/14	For	m 990 (2014)

Form 990 (2014) China Harvest, Inc.

Part IV Checklist of Required Schedules

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	ļ
3		3		x
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	_,	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	Х	
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) China Harvest, Inc. Part V Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization organization organization (accomplate) (accomplate) (but the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if Yes, complete Schedule I, Parts I and III. 22 X 23 Dut the organization answer Yes' to Part VII, Section A. Inine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization is accomplated for the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24 through 24d and complete Schedule V. I Yes, 'organization and the set of the organization is accomplated for the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24 through 24d and complete Schedule V. I Yes, 'organization as the trustees with a disqualified person dorted the trustees of the last day of the year, and year, yea		•		Yes	No
22 X 23 Dot the organization answer "ves" 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 I, Part IV in the properties of the last day of the year, that was issued after December 31, 2002? If Yes, 'amonger lines 24b Introdupt 24d and complete Schedule II, If I is a second to the last day of the year, that was issued after December 31, 2002? If Yes, 'amonger lines 24b Introdupt 24d and complete Schedule II. If I is a second to the last day of the year, that was issued after December 31, 2002? If Yes, 'amonger lines 24b Introdupt 24d and complete Schedule II. If I is a second to the region of the I is a second to the I i	21 .	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, 'complete Schedule L, Part IV 23 Ly Ly Complete Schedule K, If No, 'go to hime Zisa.' 24 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, if that was issued after December 31, 2002? If Yes, 'answer lines 240 through 24d and complete Schedule K, If No, 'go to hime Zisa.' 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If Yes, 'complete Schedule L, Part I. 25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualided person during the year? If Yes, 'complete Schedule L, Part I. 25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person or any of the organization and that the transaction has not been reported on any of the organization with a disqualified person or a prior year, and that the transaction has not been reported on any of the organization with a disqualified person or any of the organization and that the transaction with a disqualified person or any of the organization and that the transaction with a disqualified person or any of the organization and that the transaction with a disqualified person or any of the organization person any amount on Part X, line 5, 6 or 22 for receivables from or payables to any current or former officers, directors, fursies, key employees, or disqualified persons? If Yes, 'complete Schedule L, Part IV in Yes, 'co	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
the lest day of the year, That was sissued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule K. If No, 'go to line 25b. b Did the organization ministal an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24b C Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, 'complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or If Yes, 'complete Schedule L, Part II. 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or If Yes, 'complete Schedule L, Part III. 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or If Yes, 'complete Schedule L, Part III. 25d Did the organization report any amount on Dart X, line 5, 6, or 22 for receivables from or payables to any current or If Yes, 'complete Schedule L, Part III. 25d Did the organization report any amount on Dart X, line 5, 6, or 22 for receivables from or payables to any current or If Yes, 'complete Schedule L, Part III. 25d Did the organization organization receive a great or other assistance to an efficer, director, furstee, or key employee, or to a 3594 controlled entity or family member of a current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV. 25d Did the organizat	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		х
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I . b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have to been reported on any of the organization or Port Prims 990 or 990-E27 If Yes, complete Schedule L, Part II . 5b 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, frustees, key employees, injuhest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part II . 27 Did the organization provide a great or other assistance to an officer, director, frustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III . 28 Was the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV . 28a X b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV . 28b X C An entity of which a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV . 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule R, Part II, III,	24 a	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		
any tax-exempt bonds?. 4 Did the organization act as an 'on behalf of 'ssuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 X b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a proryear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If 'Yes, 'complete Schedule L, Part II. 25b X 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, inghest compensated employees, or disqualified persons? If 'Yes, 'complete Schedule L, Part II. 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. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 a Varient or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, 'complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, 'complete Schedule M. 30 Did the organization related to any tax-exempt or taxable entity? If Yes, 'complete Schedule R, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-	ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of Issuer for bonds outstanding at any time during the year? 23a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes,' complete Schedule L, Part II. 25b X 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 Yes,' complete Schedule L, Part II. 27 Did the organization report any 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. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): 29 A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes,' complete Schedule M. Part I. 30 Did the organization one note than \$25,000 in non-cash contributions? If Yes,' complete Schedule M. Part II. 31 Did the organization receive contributions	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		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, 'complete Schedule L, Part I 25b	•		24d		
that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes', complete Schedule L, Part IV 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? 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. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If 'Yes, complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If 'Yes, complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, 'complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes, 'complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes, 'complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If 'Yes, 'complete Schedule R, Part II, III, or IV, and Part V, line 1. 35 Did the organization receive any twinth the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning o	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
tormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes, complete Schedule L, Part II 17 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 18 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If Yes,' complete Schedule M 28 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule N, Part I 32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule N, Part II 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete Schedule R, Part II 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the o	ŀ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		Х
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 IIII. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV. 28a X b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee? 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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M. 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule N, Part I. 31 X 32 Did the organization iliquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II. 33 X 34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If Yes, complete Schedule R, Part II. 34 X 35 Did the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Part II, III, or IV, and Part V, line 1. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		х
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV' 28c	á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV			X
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	ŀ		28b		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
contributions? If 'Yes,' complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	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
and Part V, line 1	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	34		34		Х
entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
organization? If 'Yes,' complete Schedule R, Part V, line 2	ŧ	olf '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
treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
Note. All Form 990 filers are required to complete Schedule O	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> 'Yes,' <i>complete Schedule R, Part VI</i>	37		Х
		Note. All Form 990 filers are required to complete Schedule O	38		

<u>Pa</u> l	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it estimate a response of note to any line in anot as \$1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	31 . 1	103	-110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	* .		
•	(gambling) winnings to prize winners?	1 c		
2 8	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 3			
ı	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 instructions)	1	×	(
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	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		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
ı	b If 'Yes,' enter the name of the foreign country. ►	ů í		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	الأثيرا	***	
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 :	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	γ -s • .	\$^#	٠ ٠.
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	<u> </u>	Х
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 828Ž?	7с		X
•	d If 'Yes,' Indicate the number of Forms 8282 filed during the year			7 3/3
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
!	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	222	KLLS.	***********
	organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	11		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		ļ
	Section 501(c)(7) organizations. Enter:	*		
	a Initiation fees and capital contributions included on Part VIII, line 12	} ·		2
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			* 1
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1 2		
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	·
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		1	<u> </u>
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	: ***	·
	Note. See the instructions for additional information the organization must report on Schedule O.	1,0		<u> </u>
1	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		,	
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u> </u>	Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14 b	†	1

Pai	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	w, an	d for	
,	Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	. X
Sec	ction A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·		
1 -	5 Enter the number of voting members of the government and at the and of the towns		Yes	No
1 6	a Enter the number of voting members of the governing body at the end of the tax year		***	981
Ŀ	b Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	110	<u>ii</u>	*
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		_ X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
-	Did the organization have members or stockholders?	6		X
, ,	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,	- "		
	stockholders, or persons other than the governing body?	7 Ь		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 Ь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	ļ	Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
t	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	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	
t	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		10	Ť
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
t	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y .	4.	***
a	a The organization's CEO, Executive Director, or top management official	15a	x	
t	b Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	, ,,	12	. **
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
k	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		and control to a	
800	organization's exempt status with respect to such arrangements?	16 b		<u> </u>
17				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
		16) 9		
BAA	TEEA0106 11/13/14	Form	990 (2	2014)

Form 990 (2014) China Harvest, Inc.	54-1852027	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	ees, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers Directors Tructoes Key Employees and Highest Company	oted Empleyees	

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 nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and Title		Pos than	both dire	an of ector/	fficer a truste	ck mon perso and a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any nours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) C. Beck	_1.00									
Director		X				L.,		0.	0.	0.
(2) J. Brown	1.00	1	ìì			Ì '	i '	'		
Director/Treasurer		Х		Х				0.	0.	0.
(3) M. Gilliam	_1.00									
Director/Vice Chairman		Х		Х				0.	0.	0.
_(4) P. Lee	_1.00								,	
Director		X						0.	0.	0.
(5) J. Loftin	_1.00									
Director		Х						0.	0.	0.
(6) S. Miller	_ 50.00									
Director/Secretary		X		Х	Х		L	18,840.	0.	41,708.
	_ 50.00									
Director/President		Х		Х	Х	Х		33,049.	0.	44,325.
(8) R.T. Weiner, Jr.	1.00									
Director		X						0.	0.	0.
(9) M. Weber	1.00									
Director/Chairman		Х	L	X				0.	0.	0.
(10) M. Winn	1.00									
Director]	Х						0.	0.	0.
(11) D. Guo	1.00									
Director	7	X						0.	0.	0.
(12) C. Beck	1.00									
Director	1	X						0.	0.	0.
(13) J. Brown	1.00			·						
Director/Treasurer	1.00	X		Х			1	0.	0.	0.
(14)	-									
		-					_	<u> </u>	·	<u> </u>

Form 990 (2014) China Harvest, Inc. Part VIII Section A. Officers, Directors, Trus	4222	<u></u>						d High and Onco	54-18520	27 Page 8
Argangeng Section A. Officers, Directors, 110s	(B)	<u>Ley</u>	CII		oye C)	es,	ano	nignest Con	ipensated Em	iployees (continued)
(A) Name and title	Average hours per	box	, unle	heck ss pe	rson i	than o s both or/truste	an Be)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)									·	
(17)									<u> </u>	
<u>(18)</u>										
(19)										
(20)										
(21)								<u> </u>		
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	Α						►	51,889.	0	. 86,033.
d Total (add lines 1b and 1c)								51,889.		. 86,033.
from the organization ► 3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi	or trustee	e, key	em	ploy 	ee,	or hig	hes	st compensated en	nolovee	Yes No
4 For any individual listed on line 1a, is the sum of repo the organization and related organizations greater that such individual	ın \$150.	000?	If 'Y	'es' (com	olete	Sch	nedule J for		4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' con	npensati nplete S	ion fr ched	om a lule .	any <i>J for</i>	unre suc	lated h per	org	anızation or ındivid	dual 	5 X
1 Complete this table for your five highest compensated compensation from the organization. Report compens	l indepe ation fo	nden r the	t cor	ntrac nda	ctors	that ar end	rec	eived more than \$	100,000 of organization's tax	year.
(A) Name and business addres	s		-					Description of	f services	(C) Compensation
						-				
Total number of independent contractors (including bit)	ut not lin	nited	to th	ıose	liste	ed ab	ove) who received mo	re than	
\$100,000 of compensation from the organization										

		Check if Schedule O co	ontains a respor	se or note to any lin	e in this Part VIII			
*	** #;				(A) Total revenue	(B) Related or exempt function	(C) Unrelated	(D) Revenue excluded from tax under sections
ants		Federated campaigns . Membership dues	1a		4. 12	revenue		512-514
ع ق		Fundraising events			> 1g .4	- 1.40	: «ì, ,] v	· * * * *
\$ ₹		Related organizations .	<u> </u>		, ,			,
اج آج		Government grants (contribution	<u> </u>					, ;
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gra	ants, and					* · · · · · · · · · · · · · · · · · · ·
들은		similar amounts not included a	<u> </u>	975,305.		1.6 41 41		
a at	_	Noncash contributions included	· -	94.	075 205			ž.,
<u>a</u>	n	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · · 	Business Code	975,305.	** * « * * * * * * * * * * * * * * * *		
Ě	2 a	China Adamahan	m		2,700.	2,700.	0.	O -
Program Service Revenue	2 b	<u>China Adventure</u>	Trib rees	361320	2,700.	2,700.		· ·
e								·
e <u>Z</u>	4		-	• • • • • • • • • • • • • • • • • • • •				
S =	e		-					
gra	f	All other program service	revenue					
Š		Total. Add lines 2a-2f	· ·		2,700.		7 8 7 7 V	
_	3	Investment income (inclu			2,700.	* "	* * * 4	
	٦	other similar amounts) .			113.	0.	0.	113.
	4	Income from investment	of tax-exempt be	ond proceeds >				
	5	Royalties						
			(ı) Real	(II) Personal				** '*;
		Gross rents	<u> </u>					
	l	Less: rental expenses			<i>y</i> ∙ 4	1.7.4	in the factor	(i
	1	Rental income or (loss)			شمعة حمد على اللم			
	d	Net rental income or (los				V 1/202 8/3/8 2/		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	 	1,610.				
	t	Less cost or other basis		1 400				li Mir
		and sales expenses		1,420.		10 July 2	**/	
		Gain or (loss)		190.	100	100	0.	0.
	1	l Net gain or (loss)			190.	190.		
콯	8 a	Gross income from funda (not including \$	raising events	1				\$ 12° s
/eu		of contributions reported	on line 1c).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		→ → • · · · · · · · · · · · · · · · · · ·
æ		See Part IV, line 18		a	· / (1):-;		1400 044	
Other Revenue	_E	Less: direct expenses .		Ь	1 0 14/1		la la la monte	46 4
돚		Net income or (loss) fron		ents · · · · · · · · ·				
	1	Gross income from gami See Part IV, line 19	ing activities.	а	, 1, 1, 11	* *		
	١,	Less: direct expenses .		<u></u>	*		14 6 1 3 A	
		Net income or (loss) from		es		-		·
	1	• /	* -		5	S. C. Berther	1100 - 14	3
	10 a	Gross sales of inventory and allowances	, less returns	a 55.			1 1	
	.	Less cost of goods sold		b 47.	1 🗗 🐩 🗸 - ' 🕺		- 2 1 to	
		Net income or (loss) from			8.	8.	0.	0.
	一	Miscellaneous Reven		Business Code				
	11 8	Misc		900099	3,529.	3,529.	0.	0.
	1							
	(:						
	1	d All other revenue						
	•	e Total. Add lines 11a-11d	.		3,529.	d. End of		1. E. A. B.
	12	Total revenue. See inst	ructions			6,427.	0.	113

Part IX Statement of Functional Expenses

2	Grants and other assistance to domestic organizations and domestic governments.			28 24 28 8 8 15 4 15 4 15 1 14 1 15 1 15 1 15 1 15 1 15	of Source of the second of the
2	See Part IV, line 21 [180,833.	180,833.		
	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000.	2,000.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	535,544.	535,544.		
	Benefits paid to or for members	3037311.	333/311.		
5	Compensation of current officers, directors, trustees, and key employees	142,348.	142,348.	0.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	142,340.	142,340.	0.	0.
7	Other salaries and wages [28,026.	9,090.	18,936.	0.
•	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	240.	240.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
	Payroll taxes	2,144.	0.	2,144.	0.
11	Fees for services (non-employees)	<u>_,, </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Management				
	Legal	· · · · · · · · · · · · · · · · · · ·			
	Accounting	5,110.	0.	5,110.	0.
	Lobbying				· · · · · · · · · · · · · · · · ·
	Professional fundraising services See Part IV, line 17 .	 			
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses	13,632.	9,439.	4,193.	0.
	Information technology	2,502.	1,025.	1,477.	0.
	Royalties		6 071		
	Occupancy	6,871.	6,871.	0.	0.
18 [,]	Payments of travel or entertainment expenses for any federal, state, or local public officials	27,704.	27,704.	0.	0.
	Conferences, conventions, and meetings Interest	1,218.	1,218.	0.	0.
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,082.	2,061.	21.	0.
	Insurance	2,196.	0.	2,196.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	2,130.			
	expenses on Schedule O.)			: LA didda di	right in the second
а	Membership licenses/dues	216.	0.	216.	0.
	Films/tapes	20.	20.	0.	0.
	Books/subscriptions	552.	480.	72.	Q.
	Small equip/furnishings	127.	127.	<u> </u>	٥_
	All other expenses	26.	0.	26.	0.
	Total functional expenses Add lines 1 through 24e.	953,391.	919,000.	34,391.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

0.

995

0

321

Form 990 (2014) China Harvest, Inc 54-1852027 Part X Balance Sheet (B) End of year Beginning of year 128,763 1 229,005. 2 Savings and temporary cash investments 122,500 56,532. 2 3 3 4 750 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 6,093 9 10 a 10 b 29,191 95,438 10 94,345 Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 . . . 12 12 Investments - program-related. See Part IV, line 11 . . . 13 13 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 353,544 16 383.877. 16 2,636 17 17 6,764. 18 13,557 18 10,806. 19 19 0 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 1° (1) : key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 24 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 13,442 20,

or Fund Balances lines 27 through 29, and lines 33 and 34. 27 154.722 150,951 27 28 208,834 28 189,151 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here drl. and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

Net Assets 32 Retained earnings, endowment, accumulated income, or other funds . . . 33

Total liabilities. Add lines 17 through 25..........

Organizations that follow SFAS 117 (ASC 958), check here ► X and complete

383,877 Form 990 (2014)

363,556.

32

33

34

340,102

353,544

BAA

34

26

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		
b Were the organization's financial statements audited by an independent accountant?	2 b	X
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
ın Schedule O.	4.2	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain	16.0	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	\$\displaystyle \displaystyle \dintopartityle \displaystyle \dintopartityle \displaystyle \dis	
A Anna di Ladardan da la	- Selection of the	Yes No
Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·	· · · ·
<u> </u>		
Part XII Financial Statements and Reporting	3	<u>68,556.</u>
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		CO
9 Other changes in net assets or fund balances (explain in Schedule O)		
8 Prior period adjustments		
7 Investment expenses		
6 Donated services and use of facilities		
5 Net unrealized gains (losses) on investments		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		40,102.
3 Revenue less expenses. Subtract line 2 from line 1		28,454.
2 Total expenses (must equal Part IX, column (A), line 25)	- 	53,391.
1, Total revenue (must equal Part VIII, column (A), line 12)		81,845.
Check if Schedule O contains a response or note to any line in this Part XI		🖂
Part XI Reconciliation of Net Assets		
rom 990 (2014) China Harvest, Inc. 54-185	2027	Page 12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

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Employer identification number

	na Harvest, Inc.					54-185202	
Part	Reason for Public Cha	arity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S
	ganization is not a private foundat						
1	A church, convention of churc	hes, or association of c	hurches described in se	ction 17	0(b)(1)(<i>i</i>	A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E)				
3	A hospital or a cooperative ho	spital service organizat	tion described in section	170(b)(1)(A)(iii)	•	
4	A medical research organizati	on operated in conjunc	tion with a hospital descr	nbed in s	ection 1	170(b)(1)(A)(iii). Enter th	ie hospital's
	name, city, and state:						
5	An organization operated for t 170(b)(1)(A)(iv). (Complete F	Part II.)	-		•		in section
6	A federal, state, or local gover	-		•		•	
7	X An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)	•	governn	nental ur	nit or from the general pu	iblic described
8	A community trust described in						
9	An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	empt functions – subje ited business taxable ir	ect to certain exceptions, nome (less section 511	and (2)	no more	than 33-1/3% of its supp	ort from gross
10	An organization organized and	•	•			, ,, ,, ,	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	ganizations described ir	n section 509(a)(1) or se	ction 5	09(a)(2).	See section 509(a)(3).	irposes of one Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV. Sections A	tion operated, supervis egularly appoint or elec A and B.	ed, or controlled by its so t a majority of the directo	pported ors or tru	organiz stees of	ation(s), typically by givil the supporting organiza	ng the supported tion. You must
b	Type II. A supporting organiza management of the supporting must complete Part IV, Sect	g organization vested in	trolled in connection with n the same persons that	its supp control o	orted or r manag	ganization(s), by having e the supported organiz	control or ation(s) You
С	Type III functionally integrated organization(s) (see instruction	ted. A supporting orgar ns). You must comple	nization operated in connete Part IV, Sections A,	ection w D, and E	th, and	functionally integrated w	ith, its supported
d	Type III non-functionally integrated. The or instructions). You must comp	ganization generally mi	ust satisfy a distribution i	connecti equirem	on with i ent and	ts supported organization attentiveness require	n(s) that is not ment (see
е	Check this box if the organiza integrated, or Type III non-fun	tion received a written o	determination from the IF	RS that is	з а Туре	I, Type II, Type III functi	onally
f	Enter the number of supported or	ganizations					
g	Provide the following information	about the supported or	ganızatıon(s).				
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)							
B)							
(C)							
<u>D)</u> _							
					, –		
<u>E)</u> _		200 92 20 20 20 20 20 20 20 20 20 20 20 20 20	Me Zini (v) 2000 mg/mm/mm/mm m bi	65. a (56 3000 F		
					P (1)		
Total							
AAE	For Paperwork Reduction Act N	lotice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Forr	n 990 or 990-EZ) 2014

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.)

Sect	ion A. Public Support						
Caler begin	dar year (or fiscal year ning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')	785,249.	763,117.	605,941.	729,615.	975,305.	3,859,227.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	785,249.	763,117.	605,941.	729,615.	975,305.	3,859,227.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,062,463.
6	Public support. Subtract line 5 from line 4	Springs to consists angests accommodition	3				2,796,764.
Sec	tion B. Total Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	785,249.	763,117.	605,941.	729,615.	975,305.	3,859,227.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,573.	1,791.	1,280.	252.	113.	5,009.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,			,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,641.	277.	1.	8,321.	3,529.	13,769.
11	Total support. Add lines 7 through 10	, ,					3,878,005.
12	Gross receipts from related activit	es, etc (see instru	ctions)			12	9,401.
13	First five years. If the Form 990 i organization, check this box and s						▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 201			1, column (f))		<u>14</u>	72.12 %
15	Public support percentage from 26	013 Schedule A, P	art II, line 14			<u>15</u>	62.57 %
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization \cdot	the organization di qualifies as a publi	d not check the book	ox on line 13, and t	he line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test — 2013. If and stop here. The organization						
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-and organization' meets and organization' meet	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Ex	plain in Part VI how	v —
	or 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and	eets the 'facts-and -circumstances' tes	-circumstances' te st. The organization	st, check this box a n qualifies as a put	and stop here. Ex olicly supported or	plaın in Part VI hov ganızation	w the
18 	Private foundation. If the organize	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	1/b, check this bo	x and see instructi	ons · · · · ▶ ∐
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 China Harvest, Inc.

Partill 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 qualit	y under Part II. If the organization fails
to qualify under the tests listed below, please complete Part I	.)	

Sect	tion A. Public Support						
Calend 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	received. (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or				 		
	services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	JIXIX.			ELL CE		
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
	regularly carried on						
14	10c, 11 and 12.) First five years. If the Form 990 i	s for the organizati	l ion's first, second.	l third, fourth, or fiftl	 h tax vear as a sec	l tion 501(c)(3)	
	organization, check this box and s	stop here	<u> </u>				▶
	tion C. Computation of Pu			2 column (ft)		15	96
	Public support percentage for 201						00
16	Public support percentage from 20					16	<u> </u>
	tion D. Computation of Inv				<u> </u>	1 47	
17	Investment income percentage for	•		•	**		%
18	Investment income percentage from						<u> </u>
	a 33-1/3% support tests — 2014. It is not more than 33-1/3%, check t	this box and stop h	nere. The organiza	tion qualifies as a	publicly supported	organization	▶ []
t	33-1/3% support tests — 2013 . If line 18 is not more than 33-1/3%,	f the organization of check this box and	did not check a box d stop here. The o	con line 14 or line rganization qualifie	19a, and line 16 is es as a publicly sup	more than 33-1/3% ported organization	6, and n ▶
20	Private foundation. If the organiz						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sec	tion A. All Supporting Organizations				
				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	***************************************	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		3a	řn.	
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination		3b	6 *	
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		3c		255
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		5a	i	
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		5b	<u>\$</u>	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?		5с		ĺ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		6		140
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)		<u> </u>		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI		9a		, , , , , , , , , , , , , , , , , , ,
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		9 b	1	1
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		9 c		1
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, answer (b) below		10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		10b	[

Pa	TtilV Supporting Organizations (continued)			
44		agrie man	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	HIC		
Sec	ction B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		436862 N	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc-	tions).		
2	Activities Test Answer (a) and (b) below.	# Care	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	<u>.</u>	النكفا

Schedule A (Form 990 or	990-EZ) 2014	China	Harvest	Tnc

54-1852027

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Voven	pher 20, 1970. See Instruc	tions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	, , , , , , , , , , , , , , , , , , , ,	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		, <u>, , , , , , , , , , , , , , , , , , </u>
	Fair market value of other non-exempt-use assets	1 c		
(I Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	\$ 3.5 1.3		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		-
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	为别的对外	
2	Enter 85% of line 1	2	少事的情情的所有	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Typ	e III supporting organization	on
BAA			Schedule A /For	m 990 or 990-E7) 2014

<u>.Par</u>	TV Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
	tion D – Distributions	<u> </u>		Current Year
_1.	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns.	
_3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		1,828	_
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а		1.14		
b	长剑想到一个主义和政治的 等的人们的第三人称			
С				Maria de la compansión de
d				
е	From 2013	11		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	44. 00.	(20)	
h	Applied to 2014 distributable amount		1.00	
	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	Silin in		
	Remainder Subtract lines 4a and 4b from 4	12. 200		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c	C 2000		
8	Breakdown of line 7	111		
а				
	Excess from 2013			
	Excess from 2014			

54-1852027

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: Refunds-prior year expenses 2010: 1641. 2011: 277. Description: Misc 2012: 1. Description: Prior yr-health ins premium refunds 2013: 7919. 2014: 3529. Description: Write off prior yr trip deposit 2013: 150. Description: Adj inventory-printed materials 2013: 252.

· SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Rublic Inspection

Employer Identification number

	China Harvest, Inc.			54-1852	027
Par	Complete if the organization answ	or Advised Funds or C rered 'Yes' to Form 990	Other Similar Fun , Part IV, line 6.	ds or Accounts.	
		(a) Donor advise	ed funds	(b) Funds and oth	ner accounts
1	Total number at end of year				<u> </u>
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donorare the organization's property, subject to the or	r advisors in writing that the a ganization's exclusive legal o	assets held in donor ad control?	vised funds	Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	f the donor or donor advisor,	or for any other purpos	se conferring	Yes No
Dei	tili Conservation Easements.				
Fai	Complete if the organization answ	vered 'Yes' to Form 990), Part IV, line 7.		
1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	Preservation of land for public use (e.g., red	-		a historically important la	and area
	Protection of natural habitat	•	Preservation of	a certified historic structi	ıre
	Preservation of open space		ш		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	n contribution in the fo		
				44. ABA. B	End of the Tax Year
	a Total number of conservation easements				
(Total acreage restricted by conservation easem	ients		. 2b	
(Number of conservation easements on a certific	ed historic structure included	in (a)	. 2c	
•	Number of conservation easements included in structure listed in the National Register				
3	Number of conservation easements modified, tr tax year ▶	ansferred, released, extingui	ished, or terminated by	the organization during t	he
4	Number of states where property subject to con	iservation easement is locate	ed ►	_	
5	Does the organization have a written policy regard and enforcement of the conservation easement	arding the periodic monitoring is it holds?	g, inspection, handling	of violations,	Yes No
6	Staff and volunteer hours devoted to monitoring •	ı, ınspecting, and enforcing c	onservation easement	s during the year	
7	Amount of expenses incurred in monitoring, ins ►\$	pecting, and enforcing conse	ervation easements dur	ing the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	170(h)(4)(B)(ı)	Yes No
9	In Part XIII, describe how the organization repo include, if applicable, the text of the footnote to conservation easements.				
Pa	Organizations Maintaining Coll Complete if the organization answ	ections of Art, Histori wered 'Yes' to Form 990	ical Treasures, or 0, Part IV, line 8.	Other Similar Ass	ets.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its financial	held for public exhibition, edu	ucation, or research in	atement and balance she furtherance of public serv	eet works of vice, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items.	d for public exhibition, educati	ion, or research in furth	nerance of public service,	, provide the
	(i) Revenue included in Form 990, Part VIII, li	ne 1			
	(ii) Assets included in Form 990, Part X				
2	amounts required to be reported under SFAS 1	116 (ASC 958) relating to the	se items:	•	llowing
	a Revenue included in Form 990, Part VIII, line 1				
	b Assets included in Form 990, Part X	<u> </u>			

Schedule D (Form 990) 2014 China	Harvest,	Inc.		54-1852	027Pag	e 2
Part III Organizations Mainta	ining Collec	ctions of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (continued)	_
 Using the organization's acquisition items (check all that apply) 	n, accession, a	nd other records, check	any of the following that	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other	·			
c Preservation for future general		_				
4 Provide a description of the organi Part XIII.						
5 During the year, did the organization to be sold to raise funds rather that					Yes No	<u>, </u>
Escrow and Custodia line 9, or reported an a	mount on Fo	ents. Complete if to frm 990, Part X, lin	the organization ans le 21.	wered 'Yes' to Form	990, Part IV,	
1 a Is the organization an agent, trusted on Form 990, Part X?	ee, custodian, o	r other intermediary for	contributions or other as	sets not included	Yes No)
b If 'Yes,' explain the arrangement in	Part XIII and c	omplete the following ta	able:			
					Amount	
c Beginning balance		<i></i>		. 1c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1 e		
f Ending balance				. 1f		
2 a Did the organization include an arr	nount on Form 9	990, Part X, line 21, for	escrow or custodial acco	unt liability?	Yes No	,
b If 'Yes,' explain the arrangement in	Part XIII Ched	k here if the explanatio	n has been provided in P	art XIII	<u> </u>	
Part V. Endowment Funds. C	complete if the	ne organization and	swered 'Yes' to Form	n 990, Part IV, line 10).	
	(a) Current y	ear (b) Prior yea	ır (c) Two years bacı	(d) Three years back	(e) Four years back	
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						_
e Other expenditures for facilities and programs						_
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current y	ear end balance (line 1	g, column (a)) held as:			_
a Board designated or quasi-endow	ment -	9				
b Permanent endowment ▶	용					
c Temporarily restricted endowment	•	&				
The percentages in lines 2a, 2b, a		ual 100%.				
3 a Are there endowment funds not in organization by:	the possession	of the organization tha	t are held and administer	red for the	Yes N	<u> </u>
(i) unrelated organizations					. 3a(i)	_
(ii) related organizations						—
b If 'Yes' to 3a(ii), are the related org					3b	—
4 Describe in Part XIII the intended					1 00	—
Part VI Land, Buildings, and			Turida			
Complete if the organization			990 Part IV line 11	a See Form 990 Pa	rt X line 10	
			, '-	,		—
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land		 	46,000.	33174FX	46,00	
b Buildings			56,843.	9,617.	47,22	<u>6.</u>
d Equipment			19,671.	18,552.	1,11	9.
e Other			1,022.			<u>0.</u>
Total. Add lines 1a through 1e (Column		l Form 990, Part X. coli			94,34	
BAA			1-71-11-1-1-1		ule D (Form 990) 20	

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	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
3) Other		
A)		
B)		
C)		
D)		
E)		
(F)		
G)		
H)		
(1)	····	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		"你你你你人不是我们的不是我的事情,我们就是我们的
Part VIII Investments — Program Related. Complete if the organization answered ')	es' to Form 990.	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered " (a) Des	Yes' to Form 990, scription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX (Column (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX (Column (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) Description (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Part IV, line 11d. See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, Column (B), In Part X	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	ne 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (Column	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), If Total. (Column (b) must equal Form 990, Part X, column (B), If Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), If Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), If Total. (Column (b) must equal Form 990, Part X, column (B), If Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), If Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) line (c) (a) Description of liability (c) (a) Description of liability (c)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	me 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), In Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	one 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value 11e or 11f. See Form 990, Part X, line 25

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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.

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 information

BAA

Schedule **D** (Form 990) 2014

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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.

2014

Department of the Treasury Internal Revenue Service

China Harvest,

► Attach to Form 990.

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

Open:to Public

OMB No 1545-0047

Name of the organization

Employer Identification number

5	4 –	1	8	5	2	U	2	7		
		_		_	_	_			_	_

Part Is 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is nee	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and Pacific	0	0	Program Services	Overseas travel	23,555.
(2) East Asia and Pacific	0	0	Grants to region	Translation	38,400.
(3) East Asia and Pacific	0	0	Grants to region	Educ. & humanitarıan	68,741.
(4) East Asia and Pacific	0	0	Grants to region	Printing materials	428,403.
(5)					
(6)				-	
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0	12 100 miles / 200 71 MW 42 No. 10 MAX 2 4 50 Miles		559,099.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) .	_0	0	HANNER CARREST		559,099.

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

Schedule F (Form 990) 2014

Cabadula	E /Earm	0001 2044	

Page 2

Schedule F (Form 990) 2014 China Harvest, Inc. 54-1852027

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1) ⁷⁷ ,			East Asia and Pacific	Translation work	38,400.	wire transfer			
(2)		Štati ()	East Asia and Pacific	Humanitarıan	7,000.	wire transfer			
· (3)									
(4)	777.45				· · · -				
(5)		794046							
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(14)									
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(16)									

the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 China Harvest, Inc. 54-1852027

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 displicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book FMV, appraisal other)
(1) Education support/training	Bast Asia and Pacific	130	8,000.	various means			
(2) Humanıtarıan worker support	East Asia and Pacific	66	31,541.	various means			
(3) Humanıtarian to indigent	East Asia and Pacific	14	22,200.	various means			
(4) Printing materials	East Asia and Pacific	128,818	428,403.	various means			
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)			,				
12)							
13)							
14)					•		
15)							
16)							
17)		_					
18)							

	dule F (Form 990) 2014 China Harvest, Inc.	54-1852027	Page 4
Pai	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)	Yes	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; do not file with Form 990)		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)		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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · · · 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, do not file with Form 990)	· · · · · · · Yes	X No
BAA	TEEA3505 06/16/13	Schedule F (Fo	rm 990) 2014

Partiv Supplemental Information

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

Pt I Line 2	China Harvest communicates through a combination of one or
Pt I Line 2	more of the following: written, verbal and on-site visits
Pt I Line 2	with the recipient of our grants.

SCHEDULE I (Form 990)

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

OMB No 1545-0047 2014

Open to Public Inspection

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

China Harvest, Inc.			···			54-18520	27
Partয় 🛊 General Information on G	irants and Assi	stance					
Does the organization maintain records the selection cateria used to award the Describe in Part IV the organization's p	grants or assistanc	e? .			ts or assistance, and		X Yes No
Part'ils Grants and Other Assista							es' to
Form 990, Part IV, line 21 f	or any recipient		e than \$5,000 Part I	can be duplicated	i ir additionai space	s is needed	,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisat other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1 <u>) Awana</u>	{						
<u>l East Bode Road</u>	į						
ØStreamwood IL 60107	74-3095616	501(c)(3)	56,789.				Printed materi
(2) Bless China, Int'l			!				
317 Mill Avenue	<u> </u>						
	26-0763646	501(c)(3)	19,325.				Humanıtarıan/O
(3) Cornerstone Ministries In	1						
2660 W. Woodland Dr _ Ste	1	501 (c) (3)	60,000				Humanitarıan s
Anaheım CA 92801 (4) River of Grace	91-1550156	201(6)(3)	60,992.				Humanitarian s
2234 Indian Trail Drive	†		1				
West Lafayette IN 47906		501(c)(3)	20,000.				Humanıtarıan s
(5)	23-7331243	301 (67 (37	20,000.	· · · · · · · · · · · · · · · · · · ·			numanii ai
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]		1				
	<u> </u>						
(8)		1					
	L				L		,l
2 Enter total number of section 501(c)(3)	-	-	e line 1 table	• • • • • • • • • • • • • • • • • • • •			<u> </u>
3 Enter total number of other organizatio	ns listed in the line '	table				<u> </u>	<u> </u>

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (20	014) China Harvest,	Inc.			54	-1852027	Page 2
Part III Grants an	id Other Assistance to D plicated if additional space	omestic Individua is needed	als. Complete if the	organization ans	wered 'Yes' to Form 990, I	Part IV, line 22. Part III	
(a) Type of g	rent or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraise, other)	(f) Description of non-cash assistance	
1 Grants-educa	tional	1	2,000.				
_2							
_3				_ 			
4							
5							
6							
7							
Part IV Suppleme	ental Information. Provid	e the information re	equired in Part I, Im	e 2, Part III, colur	nn (b), and any other addit	ional information	
Pt I Line 2 Pt I Line 2 Pt I Line 2	China Harvest of grants are provided how funds are in	rided. Organıza					

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number

<u>China Harvest, Ir</u>	nc54-1852027
Pt VI, Line 11b	The finance committee reviews the 990 and makes recommendations and a summary to the full Board for their review, recommendations and approval. The Board Secretary signs the final approved 990.
•	Salary data for positions of comparable responsibility at similar type
	of non-profit organizations are considered when establishing
	compensation levels for officers. The approval for compensation is
	discussed at the annual board meeting. Officers, for whom the
Pt VI, Line 15a	compensation is being approved, abstained from discussion and voting.
	Salary data for positions of comparable responsibility at similar type of non-profit organizations are considered when establishing
Pt VI, Line 15b	compensation for key employees.
	The organization's Articles of Incorporation, which include Conflict of Interest, Bylaws and Financial Statements are made available upon
Pt VI, Line 19	request.
10 11, 11110 19	Officers, directors and key employees are required to disclose
Pt VI, Line 12c	immediately any conflicts which may arise.

Supporting Statement of:

Form 990 p 7/Col D Comp W-2 Org (SW)-6

Description	Amount		
Salary W-2	18,840.		
Total	18,840.		

Supporting Statement of:

Form 990 p 10/Line 1 col (B)

Description	Amount
Grants in the US - Bibles	0.
Grants in the US - Missions Outreach	178,082.
Funds appropriated into the Tithe Fund for grants which	
which will be expensed in a subsequent calendar year	2,151.
Funds appropriated into the Jericho Fund for grants which	
which will be expensed in a subsequent calendar year	600.
Total	180,833.

Supporting Statement of:

Form 990 p 10/Line 2 col (B)

Description	Amount
Missions Outreach Missions Outreach	2,000.
Total	2,000.

Supporting Statement of:

Form 990 p 10/Line 3 col (B)

Description	Amount
Grants to organizations outside of US - Bibles	297,291.
Grants to organizations outside of US	45,400.
Grants to individuals outside of US	192,853.
Total	535,544.