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Short Form

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
HIMALAYAN HOPE CHARITABLE FOUNDATION
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
124 Scarlet Drive
 City or town state or country ZIP + 4
Conshohocken PA 19428

D Employer identification number
27-1219907

E Telephone number
(610) 828-5155

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.thehimalayanhope.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

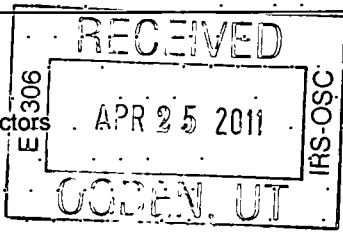
H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **31,502**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



SCANNED MAY 12 2011

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year	
23 Cash, savings, and investments		22	29,382
24 Land and buildings		23	
25 Other assets (describe in Schedule O)		24	
26 Total assets	0	25	29,382
27 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	29,382

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Raise funds to Promote and Support Education for Children

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 An initial visit to Gayatri Public School, in Himachal Pradesh was made from Nov 8th through Nov 25 to evaluate and review the current needs of the school for building and supplies. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,648
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	1,648

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Hans R Sharma 124 Scarlet Drive Conshohocken PA 19428	Title President Hr/WK 10.00	0		
Raja Selvanathan 529 Cedar Drive Lafayette Hill PA 19444	Title General Secretary Hr/WK 2.00	0		
Barry R Sirkin 425 Righters Mill Raod Narberth PA 19072	Title Treasurer Hr/WK 2.00	0		
Prakash Devotta 341 Long Ridge Lane Exton PA 19301	Title Director Hr/WK 1.00	0		
Anuradha Sachdev 294 Wedge wood Raod Bethlehem PA 18017	Title Director Hr/WK 1.00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with 2 columns: Yes, No. Row 33: Yes (empty), No (X)

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with 2 columns: Yes, No. Row 34: Yes (empty), No (X)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

Table with 2 columns: Yes, No. Row 35: Yes (empty), No (empty)

35a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with 2 columns: Yes, No. Row 35a: Yes (empty), No (X)

35b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

Table with 2 columns: Yes, No. Row 35b: Yes (empty), No (X)

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with 2 columns: Yes, No. Row 36: Yes (empty), No (X)

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

Table with 2 columns: Yes, No. Row 37a: Yes (empty), No (empty)

37b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Row 37b: Yes (empty), No (empty)

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with 2 columns: Yes, No. Row 38a: Yes (empty), No (X)

38b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

Table with 2 columns: Yes, No. Row 38b: Yes (empty), No (empty)

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9

39a

39b Gross receipts, included on line 9, for public use of club facilities

39b

Table with 2 columns: Yes, No. Row 39: Yes (empty), No (empty)

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with 2 columns: Yes, No. Row 40b: Yes (empty), No (X)

40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with 2 columns: Yes, No. Row 40e: Yes (empty), No (X)

41 List the states with which a copy of this return is filed PA

42a The organization's books are in care of Hans R Sharma Telephone no (610) 828-5155 Located at 124 Scarlet Drive City Conshohocken ST PA ZIP + 4 19428

42b 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)?

Table with 2 columns: Yes, No. Row 42b: Yes (empty), No (X)

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country:

Table with 2 columns: Yes, No. Row 42c: Yes (empty), No (X)

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 2 columns: Yes, No. Row 44a: Yes (empty), No (X)

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 2 columns: Yes, No. Row 44b: Yes (empty), No (X)

44c Did the organization receive any payments for indoor tanning services during the year?

Table with 2 columns: Yes, No. Row 44c: Yes (empty), No (X)

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with 2 columns: Yes, No. Row 44d: Yes (empty), No (X)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
46a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	00		
Name City ST ZIP	Title Hr/WK	.00		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer Hans R. Sharma Date 4/15/2011 3/10/2011
 Type or print name and title President

Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	SELF-PREPARED RETURN		Firm's EIN	
	Firm's address			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **HIMALAYAN HOPE CHARITABLE FOUNDATION**
Employer identification number: **27-1219907**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the supported organization(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 the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input checked="" type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

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

Area with horizontal dashed lines for supplemental information.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	31,502
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	31,502

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

Name of the organization

HIMALAYAN HOPE CHARITABLE FOUNDATION

Employer identification number

27-1219907

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)					0	0			
(2)			0	0							
(3)			0	0							
(4)			0	0							
(5)			0	0							
(6)			0	0							
(7)			0	0							
(8)			0	0							
(9)			0	0							
(10)			0	0							
Total				0	0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)			0			
(2)			0			
(3)			0			
(4)			0			
(5)			0			
(6)			0			
(7)			0			
(8)			0			
(9)			0			
(10)			0			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HIMALAYAN HOPE CHARITABLE FOUNDATION

27-1219907

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,251

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment. 300

Form 990-EZ, Part I, Line 16, Other Expenses Website - www.thehimalayanhopecom registration

fee 99

Name of the organization

Employer identification number

HIMALAYAN HOPE CHARITABLE FOUNDATION

27-1219907

Where to File (990-EZ)

PA Enter the state's abbreviation.

If the organization's principal business, office, or agency is located in:	Mail to this Address:
--	-----------------------

Note: The first line of the address should be Department of the Treasury
 Note: The second line of the address should be Internal Revenue Service Center

Inside the United States	<input checked="" type="checkbox"/> Internal Revenue Service Center Ogden, UT 84201-0027
U S Possession or Foreign Country	<input type="checkbox"/> Internal Revenue Service Center P O Box 409101 Ogden, UT 84409

BUSINESS ACTIVITIES QUESTIONNAIRE

PA DEPARTMENT OF REVENUE

Please Print or Type

BUSINESS ACTIVITIES THAT MAY CREATE NEXUS IN PENNSYLVANIA:

- Owning or leasing property
- Having employees or agents soliciting sales
- Delivering of property into the Commonwealth
- Maintaining a fixed location
- Installing or repairing of property
- Employee leasing services or personnel services
- Approving or accepting purchase orders
- Performing services, managerial or research activities
- Repossessing property
- Conducting training or seminars
- Providing transportation services
- Hiring, training or supervising personnel

ACTIVITIES THAT MAY REPRESENT A DE MINIMIS PRESENCE IN PENNSYLVANIA FOR CORPORATE NET INCOME TAX:

- Installation, for which no separate charge is made
- Purchasing activities
- Sales solicitation
- Incidental travel
- Having personal property incidentally in Pennsylvania

ACTIVITIES THAT MAY CREATE NEXUS IN PENNSYLVANIA FOR MOTOR CARRIERS FOR CORPORATION TAXES:

A truck or bus company is required to file a Corporate Net Income Tax or Foreign Franchise Tax report if its activities during the taxable year exceed either of the following standards.

(a) Activity exceeds 50,000 loaded miles in Pennsylvania and the company makes at least one trip with pickups or deliveries in Pennsylvania; or

(b) The company has a Pennsylvania apportionment fraction of more than 5 percent and has more than 12 trips with pickups or deliveries in Pennsylvania.

ADDITIONAL ACTIVITIES THAT MAY REPRESENT A DE MINIMIS PRESENCE IN PENNSYLVANIA FOR THE FILING OF FOREIGN FRANCHISE TAX AND CORPORATE NET INCOME TAX:

The following activities may be considered de minimis for purposes of filing a corporation tax return as long as activity does not exceed seven days and the revenue from all such activities does not exceed \$10,000:

- Solicitation of goods or services
- Installation, for which a separate charge is made
- Repair, maintenance and service activities
- Technical assistance or service activities
- Conducting training courses, seminars or lectures by a vendor that is incidental to the use of purchases, if free or for a nominal charge as compared to actual expenses
- Attendance at an organized show or flea market for the purpose of exhibiting goods and making sales of the goods

These standards have been abridged. For more details, consult the Corporation Tax Bulletin 2004-01, *Application of PL 86-272 and De Minimis Standards*, available at www.revenue.state.pa.us.

A. GENERAL INFORMATION

HIMALAYAN HOPE CHARITABLE FOUNDATION

a. Legal Name

1b. Doing Business As

124 Scarlet Drive

2. Federal EIN

27-1219907

3. Address

Conshohocken

PA

19428

City

State

ZIP Code

4. Type of business entity (Check one)

Corporation

Non profit Corporation

(If you are a non profit entity, please submit a copy of the IRS letter granting you 501 status, if applicable.)

Subchapter "S" Corporation

Limited Liability Co.

Partnership (submit a copy of the first page of your federal corporation or partnership filing)

Individual (Proprietorship)

Trust

Business Trust

Association

Restricted Professional Company

5. If the entity is not a corporation, please check one of the blocks below to indicate its Internal Revenue Service classification:

As a corporation

As a partnership (submit a copy of the first page of your federal corporation or partnership filing)

As a disregarded entity

6. The entity was formed _____ under the laws of _____

7. The entity's Pennsylvania Corporation Tax File (Box) Number is: _____

8. The entity files federal returns on a tax year ending _____ basis.

9. Other states this company conducts business in: _____

10. Identify names, addresses, and federal ID Numbers of corporations that are shareholders of your Sub Chapter "S" corporation(s) or that are members of your Limited Liability company/entity. If more space is needed, please attach a list

Legal Name _____ Federal EIN

Doing Business As _____

Address _____ City _____ State _____ ZIP Code _____

Type of Business Entity _____

Legal Name _____ Federal EIN

Doing Business As _____

Address _____ City _____ State _____ ZIP Code _____

Type of Business Entity _____

Legal Name _____ Federal EIN

Doing Business As _____

Address _____ City _____ State _____ ZIP Code _____

Type of Business Entity _____

11. If this company has registered with the PA Department of State, please provide the entity number assigned by the Department of State: _____

12. List the entity's Pennsylvania Sales & Use Tax License Number:

13. List the entity's Unemployment Compensation Account Number:

14. Describe activities performed in Pennsylvania by employees for whom Unemployment Compensation contributions are remitted to Pennsylvania: _____

B. PENNSYLVANIA BUSINESS ACTIVITIES – PART I

1. Describe the principal business activities of the entity in Pennsylvania: _____

2. Describe the principal business activities of the entity elsewhere: _____

3. Indicate the date that the entity's activities in Pennsylvania first occurred: _____

4. Indicate primary North American Industry Classification (NAICS) Code: _____

CUSTOMER SERVICE AND DELIVERY

1. Check the different ways in which the entity's personal property is delivered in Pennsylvania.
 Motor carrier US mail Your agent Company vehicle Other (Explain) _____

2. Check the different media you use to reach Pennsylvania customers:
 Internet Telephone solicitations Catalogs placed in outlets Other (Describe) _____

3. Does this entity participate in trade shows or fairs in Pennsylvania? If so, are products sold directly to the customers or are orders taken and sent back to the home office for approval? _____

MOTOR CARRIER ACTIVITY

1. Is your company a motor carrier? YES NO

If the answer to this question is "yes", please complete all sections including Pennsylvania Motor Carrier Activities in Section D.

B. PENNSYLVANIA BUSINESS ACTIVITIES – PART II

1. Complete the table below detailing the indicated activities:

BUSINESS ACTIVITY	AMOUNT OF DAYS PERFORMED IN LATEST 12 MONTH PERIOD	TOTAL INCOME DERIVED FROM THE ACTIVITY	DATE FIRST PERFORMED IN PA (MM/DD/YYYY)
Occasional or regular visits to Pennsylvania to create a demand for your personal property or service			
Soliciting sales of tangible personal property			
Installation activities for which a separate charge is made			
Repair, maintenance, and service activities			
Technical assistance or service activities, including but not limited to, engineering assistance or design service			
Training of your sales agents and distributors in Pennsylvania			
Training courses, seminars or lectures by the vendor which is incidental to the use of personal property sold by him to persons in this Commonwealth			
Attendance at an organized show or flea market for the purpose of exhibiting goods			
Total any additional revenues earned in Pennsylvania not listed above			

Complete the following schedule for all tangible property located in Pennsylvania.

YEAR	VALUE OF ALL PROPERTY OWNED IN PENNSYLVANIA	VALUE OF PROPERTY UNDER LEASE IN PENNSYLVANIA (AS A LESSOR OR LESSEE)
20 ____	\$	\$
20 ____	\$	\$
20 ____	\$	\$
20 ____	\$	\$

3. Complete the following schedule with respect to all Pennsylvania employees:

YEAR	TOTAL ANNUAL WAGES PAID TO EMPLOYEES WHO WORK TOTALLY OR PARTIALLY IN PENNSYLVANIA
20 ____	\$
20 ____	\$
20 ____	\$
20 ____	\$

4. Complete the following schedule with respect to Pennsylvania sales (This includes sales of intangibles, sales of services, and sales of tangible property):

YEAR	TOTAL OF ALL SALES IN PENNSYLVANIA
20 ____	\$
20 ____	\$
20 ____	\$
20 ____	\$

Answer the following based on the entity's activities in Pennsylvania. If the business is a corporation, responses should also reflect the activities of a partnership or similar association in which the corporation has an interest.

Is your company licensed, registered, authorized or certified to do business in Pennsylvania? . . . YES NO

If the answer to the question above is yes and this company has already been provided tax identification numbers, list all other taxes and tax ID numbers not listed above under which the entity remits taxes to Pennsylvania:

(a) Tax _____ Tax# _____ (b) Tax _____ Tax# _____

If more space is needed please attach a list.

Property and other investments in Pennsylvania.

Does this entity:

- 1. Own real estate? YES NO
2. Store inventory? YES NO
3. Consign goods to vendors, independent contractors or others? YES NO
4. Own display racks? YES NO
5. Own tooling, molds, dies, etc., located at a manufacturing facility? YES NO
6. Own other tangible property? YES NO
6A. Own other tangible property i.e. aircraft, watercraft? YES NO
7. Lease (as lessee) tangible property? YES NO
8. Lease (as lessor) tangible property? YES NO
9. Operate a mobile store? YES NO
10. Own an interest in an entity or person that does business in Pennsylvania, and that entity or person is not taxable as a corporation for federal tax purposes? YES NO

Employee or representative activity in Pennsylvania.

Does this entity perform any of the following activities by employees, agents, independent contractors, or other representatives in Pennsylvania?

- 11. Solicit sales (including exhibition at trade shows)? YES NO
12. Approve sales (including tangible and intangible assets)? YES NO
13. Provide a service (including consulting)? YES NO
14. Solicit, negotiate, or enter into franchising, licensing or similar agreements? YES NO
15. Operate mobile stores i.e. vehicles with drivers who are sales personnel making sales from said vehicles? YES NO
16. Make repairs or provide maintenance to property sold or to be sold? YES NO
17. Collect current or delinquent accounts? YES NO
18. Perform site visits, or supervise or inspect installations? YES NO
19. Repossess property? YES NO
20. Investigate credit worthiness of customers? YES NO
21. Secure deposits on sales? YES NO
22. Conduct training courses, seminars or lectures? YES NO

- 23. Is this limited to individuals soliciting sales of tangible personal property? YES NO
24. Provide technical assistance or service? YES NO
Is this limited to the facilitation of the solicitation of sales of tangible personal property? YES NO
25. Handle customer complaints? YES NO
Is this limited to mediating complaints when the sole purpose is to ingratiate tangible personal property sales personnel with the customer? YES NO
26. Hire, train, or supervise personnel? YES NO
Is this limited to personnel involved in the solicitation of sales of tangible personal property? YES NO
27. Pickup or replace damaged or returned property? YES NO
28. Maintain an office as lessee or owner of the office location? YES NO
29. Maintain a sample or display room? YES NO
Is one maintained for more than 14 days during a tax year? YES NO
30. Carry samples from which sales, exchanges or distributions are made for consideration? YES NO
31. Maintain an office? YES NO
32. Is this limited to an in-home office that is not attributed to the company and that is used solely in connection with the solicitation of the sales of tangible personal property? YES NO
33. Lease employees? YES NO
34. Maintain a telephone answering service? YES NO
35. Inspect customer installation of company's product? YES NO
36. Provide services to a Pennsylvania franchisee? YES NO
37. Execute contracts? YES NO
38. Foreclose on real estate? YES NO
39. Make loans secured by Pennsylvania real estate? YES NO
40. Hold titles to property until the contract price has been paid? YES NO
41. Ship products by returnable containers? YES NO
42. Deliver products in company-owned vehicles? YES NO
43. Sell new tires for motor vehicles? YES NO
44. Lease or rent motor vehicles? YES NO

C. INDEPENDENT REPRESENTATIVES

Are you a manufacturer's representative? Yes No

If you are a manufacturer's representative, please attach a list of the names and addresses of each business entity you represent in Pennsylvania.

If you have a contract with a manufacturer's representative(s) to market your product or service to Pennsylvania customers, please attach a list of the name(s) and address(es) of each

D. PENNSYLVANIA MOTOR CARRIER ACTIVITIES

1. Is your company a: (Check all that apply)
 Common Carrier Contract Carrier Private Carrier Lessor of motor vehicles to other trucking companies

2. Does your company deliver goods, passengers, products or commodities to destinations in Pennsylvania? YES NO

2a. If your answer is yes, indicate when this activity began: (month/year) _____

2b. How often are deliveries made to Pennsylvania?
_____ times per week; _____ times per month; or _____ times per year

3. Does your company pickup goods, passengers, products or commodities at locations in Pennsylvania? YES NO

3a. If your answer is yes, indicate when this activity began: (month/year) _____

3b. How often are pickups made in Pennsylvania?
_____ times per week; _____ times per month, or _____ times per year

4. Does your company haul goods, passengers, products or commodities from one location in Pennsylvania to another location in Pennsylvania? YES NO

5. What percentage of your business (loaded mileage) is in Pennsylvania? _____

If your company is a private carrier, please attach a list of related companies (parent, affiliate and subsidiaries).

Please attach copies of your IFTA Quarterly Tax Returns showing your Pennsylvania miles for the past 4 years

E. AFFIRMATION

I hereby affirm under penalties prescribed by law that this questionnaire has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. If prepared by a person other than the taxpayer, statements are based on all information of which preparer has knowledge. The preparer also must complete the information below.

Date	Print Name of Owner/Officer/Partner	Signature
(610) 828-5155		
Telephone Number	Fax Number	Company Web site Address (if applicable)

Date	Print Name of Preparer	Signature
Telephone Number	Fax Number	E-mail Address

Please attach additional information to this questionnaire, if it is required to explain your business activities in Pennsylvania. Thank You.

MAIL COMPLETED FORM TO:

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME HIMALAYAN HOPE CHARITABLE FOUNDATION
CERTIFICATE NUMBER _____ FOR FISCAL YEAR ENDED: _____

Part I: Gross Contributions

- 1) General Contributions 1
- 2) Gross Receipts from Special Events 2
- 3) Contributions from Affiliates 3
- 4) Contributions Received from Federated Fundraising Organizations 4
- 5) Receipts from Membership Dues in Excess of Bona Fide Dues 5
- 6) Gross Contributions (add lines 1 through 5) 6 0

Part II: Other Income

- 7) Program Service Revenues 7
- 8) Bona Fide Membership Dues and Assessments 8
- 9) Government Grants and Contracts 9
- 10) Miscellaneous Income 10
- 11) Total Income (add lines 6 through 10) 11 0

Part III: Expenses

- 12) Program Services 12
- 13) Administrative Expenses 13
- 14) Fundraising Expenses 14
- 15) Payments to Affiliated Organizations 15
- 16) Other Expenses from Special Events (other than fundraising expenses) 16
- 17) Miscellaneous Expenses 17
- 18) Total Expenses (add lines 12 through 17) 18 0

Part IV: Net Assets

- 19) Excess or (Deficit) for the Year (subtract line 18 from line 11) 19 0
- 20) Net Assets or Fund Balances at Beginning of Year 20
- 21) Other Changes in Net Assets or Fund Balances (attach explanation) 21
- 22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21) 22 0

(See Next Page for "Salaries and Expense Allowance Statement")

SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) *Salaries and Expense*

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
--------------------	--	--------	--------------------------------------

Five Highest Paid Employees:

1			
2			
3			
4			
5			

Officers
