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# Short Form Return of Organization Exempt From Income Tax

# 2011

**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 2011 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	HIMALAYAN HOPE CHARITABLE FOUNDATION	27-1219907
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	124 SCARLET DRIVE	(610) 828-5155
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Amended return	CONSHOHOCKEN PA 19428	
<input type="checkbox"/> Application pending		

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: ▶ WWW.THEHIMALAYANHOPE.COM

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

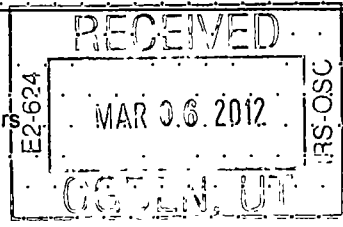
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ **44,940**

**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.

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	44,940
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,940	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	47,500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	4,766
	17 <b>Total expenses.</b> Add lines 10 through 16	17	52,266
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,326	
Net Assets	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)	19	29,382
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	22,056



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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		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. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	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		
40 b	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. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	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		X
40 e			
41	List the states with which a copy of this return is filed ▶ PA		
42 a	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		
b	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)? 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.	Yes	No
42 b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶		X
42 c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
44 a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
44 b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44 c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
45 a			
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		
45 b			

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

Table with columns Yes, No and row 46 with values 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

47 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.
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and rows 47, 48, 49a, 49b with values 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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All entries are 'None'.

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

X 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: 2/25/2012 Type or print name and title: PRESIDENT

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature: SELF-PREPARED RETURN, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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?

- (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? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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
<b>Total</b>									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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test—2011; b 33 1/3% support test—2010; 17a 10%-facts-and-circumstances test—2011; b 10%-facts-and-circumstances test—2010; 18 Private foundation.

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III line 17	18	0.00%

- 19a **33 1/3% support tests—2011.** 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—2010.** 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 I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	<u>44,940</u>
2	Noncash contributions . . . . .	2	<u>          </u>
3	Membership dues and assessments (contributions from the public) . . . . .	3	<u>          </u>
4	Government contributions (grants) . . . . .	4	<u>          </u>
5	Commercial co-venture . . . . .	5	<u>          </u>
6	Special events contributions (Line 6 - Special Events). . . . .	6	<u>          0</u>
7	Associated organization contributions . . . . .	7	<u>          </u>
8	_____	8	<u>          </u>
9	_____	9	<u>          </u>
10	_____	10	<u>          </u>
11	Total . . . . .	11	<u>44,940</u>

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ 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.

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

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.

(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						
<b>Total</b>				▶ \$ 0						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(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)		



## 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](http://www.revenue.state.pa.us).

### A. GENERAL INFORMATION

HIMALAYAN HOPE CHARITABLE FOUNDATION

1a. Legal Name

1b. Doing Business As

124 SCARLET DRIVE

3. Address

CONSHOHOCKEN

PA

19428

City

State

ZIP Code

2. Federal EIN

27-1219907

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 Oct 26 2009 under the laws of Domestic non Profit Corp

7. The entity's Pennsylvania Corporation Tax File (Box) Number is: 3913207

8. The entity files federal returns on a tax year ending 2011 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			

2. 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 ____	\$

**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.

3/21/2012                      HANS R SHARMA                      AP Sharma  
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:

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