KHAN CPA CORPORATION 1875 CENTURY PARK E STE 600 LOS ANGELES, CA 90067-2507 (310) 286-2727

December 1, 2014

Everest Edwin Foundation 11766 Wilshire Blvd. Suite 1450 Los Angeles, CA 90025

Dear Client:

Enclosed is your 2013 Federal Return of Private Foundation. The original should be signed at the bottom of page thirteen. No tax is payable with the filing of this return. Mail your Federal return on or before November 17, 2014 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2013 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by December 15, 2014. Mail the California return on or before December 15, 2014 and make the check payable to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by November 17, 2014. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 17, 2014 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

We have prepared your tax return from the information you provided. We have not audited or verified this data except to ask for clarification, as needed. In the event of any review by a government agency, this statement will verify that your return was prepared based on the information you provided, and there was no intentional misstatement made by you. If your return is selected for audit we will be available to represent you at our regular billing rates.

All information given to Khan CPA Corp. is correct, to the best of your knowledge, and can be documented. Nothing has been added or deleted which would understate income, overstates deductions or credits, or in any way would intentionally understate the tax.

You agree to review your tax returns prior to submitting them to the federal and state governments, or returning signed documentation for e-filing. You will verify that all income and expenses have been correctly stated. If any information is not true and accurate, you will notify Khan CPA Corp. to have the tax returns corrected. Filing of the tax returns and/or signing e-file documentation constitutes acceptance of the statements contained in this document.

Please be sure to call us if you have any questions.

Sincerely,

Ehsan Khan



13 Federal Private Founda	ntion Tax Sum	mary	Page
Everest Edwin F	oundation		45-12740
	2012	2012	D:#
REVENUE PER BOOKS	2013	2012	Diff
Contributions, gifts, and grants	251,558	22,200	229,358
Total revenue	251,558	22,200	229,358
EXPENSES PER BOOKS Legal fees Accounting fees Other professional fees Occupancy Travel, conferences, and meetings Other expenses	0 0 48,000 0 17,150 28,181	2,900 1,000 0 684 0 4,802	-2,900 -1,000 48,000 -684 17,150 23,379
Total operating/administrative exp Contributions, gifts, grants paid	93,331 150,700	9,386 12,500	83,945 138,200
Total expenses	244,031	21,886	222,145
Excess of revenue over expenses	7,527	314	7,213
NET INVESTMENT REVENUE Total revenue	0	0	(
NET INVESTMENT EXPENSES Total operating/administrative exp	0	0	(
Total expenses	0	0	(
Net investment income.	PIO	0	(
Net investment income. TAX COMPUTATION Tax on investment income.	0	0	(
PAYMENTS AND CREDITS Total payments and credits	0	0	(
REFUND OR AMOUNT DUE	0	0	
Overpayment	0	0	
Tax due	0	0	l
ADJUSTED NET INCOME REVENUE Total revenue	0	0	
ADJUSTED NET INCOME EXPENSES Total operating/administrative exp	0	0	ı
Total expenses	0	0	
Adjusted net income	0	0	1
CHARITABLE PURPOSES DISBURSEMENTS Total operating/administrative exp	0	0	
Contributions, gifts, grants paid	150,700	12,500	138,20
	/	,,	

2013	Page 2			
Everest Edwin Foundation				45-127405 9
Net asset Excess of	S OR FUND BALANCES cs/fund bal. at beg. of year f revenue over expenses	314 7,527 7,841	0 314 314	314 7,213 7,527



2013 California 199 Tax Summary				
	Everest Edwin F	oundation		45-1274059
REVENUE		2013	2012	Diff
Gross contrib	utions, gifts, & grants	251,558	22,200	229,358
Total income		251,558	22,200	229,358
Rents	DISBURSEMENTS , gifts, grants	150,700 0 93,331	12,500 684 8,702	138,200 -684 84,629
Total deduction	ons	244,031	21,886	222,145
Excess of rece	eipts over disbursements	7,527	314	7,213
		10 10	10 10	0
	etsbilities & Net Worth	314 314	0 0	314 314
Ending Assets Ending Liabil:	ities & Net Worth	7,841 7,841	314 314	7,527 7,527
	CO	PY		

2013

General Information

Page 1

Everest Edwin Foundation

45-1274059

Forms needed for this return

Federal: 990-PF, Sch B, 8868, 8868 p2 California: 199, Sch B, 3539, RRF-1

Carryovers to 2014

None

Undistributed Income Carryovers to 2014

2012 Excess Distributions 2013 Excess Distributions

12,500. 150,700.



Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

2013

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For ca	alendar year 2013, or tax year beginning	, 2013	, and ending	,	
	rest Edwin Foundation 66 Wilshire Blvd. #1450			Employer identification null 45-1274059	
	Angeles, CA 90025			Telephone number (see the 310-477-7800	instructions)
G CI	neck all that apply: Initial return Final return Address change	Initial return of a form Amended return Name change	ner public charity	 If exemption application is 1 Foreign organizations, cher 	ck here
Н	Check type of organization: X Section 507 Section 4947(a)(1) nonexempt charitable t	I(c)(3) exempt private f	arivata faundation	2 Foreign organizations meethere and attach computation	on
	Fair market value of all assets at end of year (from Part II, column (c), line 16)	counting method: X C	ash Accrual	 If private foundation status under section 507(b)(1)(A) If the foundation is in a 60 for the foundation is in a formula for the foundation is in a formula for the f	, check here
Part		column (d) must be or		under section 507(b)(1)(B)	<u> </u>
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	Contributions, gifts, grants, etc, received (att sch)	251,558.			
	2 Ck if the foundn is not req to att Sch B 3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
_	b Net rental income or (loss)				
R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all				
V	assets on line 6a				
E N	Capital gain net income (from Part IV, line 2)Net short-term capital gain		OA		
U E	9 Income modifications				
_	10 a Gross sales less				
	allowances b Less: Cost of				
	goods sold				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	251,558.	(0.	
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits				
Δ	16 a Logal face (attach schodule)				
D N	h Accounting fees (attach sch)				
I	c Other prof fees (attach sch) See . St 1	48,000.			
O I	17 Interest				
O I P S E T R A A T T	18 Taxes (attach schedule)(see instrs). 19 Depreciation (attach sch) and depletion.				
l í N v	20 Occupancy				
G E	ZI Havel, comercines, and meetings	17,150.			
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)				
D P	See Statement 2	28,181.			
S	24 Total operating and administrative				
S	expenses. Add lines 13 through 23	93,331.			450 505
		150,700.			150,700.
	26 Total expenses and disbursements. Add lines 24 and 25	244,031.	(0.	150,700.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	7,527.			
	b Net investment income (if negative, enter -0-)	1,521.		0.	
	C Adjusted net income (if negative, enter -0-)			0.	

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
			```	` '	(c) Fall Market Value
	1	Cash — non-interest-bearing.	314.	7,841.	
	2	Savings and temporary cash investments			
	3	Accounts receivable  Less: allowance for doubtful accounts			
	4	Pledges receivable  Less: allowance for doubtful accounts			
	_	Grants receivable			
	5	l l			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) •			
A S		Less: allowance for doubtful accounts ►			
A S S E T	8	Inventories for sale or use			
Ť	9	Prepaid expenses and deferred charges			
S	10 a	a Investments — U.S. and state government obligations (attach schedule)			
	ŀ	nvestments — corporate stock (attach schedule)			
	(	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe )			
	16		314.	7,841.	0.
L	17	Accounts payable and accrued expenses		. /	
I A	18	Grants payable			
В	19	Deferred revenue.			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
- 1	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
<u> </u>	23	Foundations that follow SFAS 117, check here	0.	0.	
NF	24	and complete lines 24 through 26 and lines 30 and 31.  Unrestricted.	314.	7,841.	
N F E U T N	25	Temporarily restricted	511.	7,041.	
I N	26	Permanently restricted			
A S B		Foundations that do not follow SFAS 117, check here • and complete lines 27 through 31.			
A B S A E T A N	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
o E	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	314.	7,841.	
	31	Total liabilities and net assets/fund balances (see instructions).	21.4	7 0/1	
Par	-	Analysis of Changes in Net Assets or Fund Balance	314.	7,841.	
		•			
	end-	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)		<u>1</u>	314.
2		r amount from Part I, line 27a			7,527.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	7,841.
5	Decre	ases not included in line 2 (itemize) ▶ I net assets or fund balances at end of year (line 4 minus line 5)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lir	ne 30 6	7,841.

Part		osses for Tax on Investmen				
	(a) List and describe 2-story brick warehouse	the kind(s) of property sold (e.g., ree; or common stock, 200 shares ML	eal estate, .C Company)	(b) How acquire P — Purchase D — Donation	(month, day, year)	(d) Date sold (month, day, year)
1 a	N/A					
b						
C						
d						
е	(e) Gross sales price	(f) Depreciation allowed	<b>(g)</b> Cost or other bas	sis	(h) Gain or	(loss)
	(c) aross saios prico	(or allowable)	plus expense of sal	e	(e) plus (f) m	ninus (g)
а						
b						
С						
d						
е	Complete only for assets showi	ng gain in column (h) and owned by	v the foundation on 12/31/69	)	us Caina (Cal	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(i)	(I) Gains (Col gain minus column (I than -0-) or Losses (f	k), but not less
		ac c <u>2</u> , c., cs	7701 001411111 ()), 11 41	,	0 <b>/ 0.</b> 200000 (	
a b						
C						
d						
е						
2	Capital gain net income or (net		enter in Part I, line 7 ter -0- in Part I, line 7		2	
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6):			
	f gain, also enter in Part I, line	8, column (c) (see instructions). If	(loss), enter -0-			
i	n Part I, line 8		<u> </u>			
Part		Section 4940(e) for Reduce				
(FOI O	puonai use by domestic private	foundations subject to the section	4940(a) tax on tiet investme	ent income.)	N/A	
If sect	ion 4940(d)(2) applies, leave the	nis part blank.	AV I			
Was tl	ne foundation liable for the sect	tion 4942 tax on the distributable ar	nount of any year in the bas	e period?	Yes	No
		ify under section 4940(e). Do not co				
1	Enter the appropriate amount in	n each column for each year; see th		g any entries		
C	(a) Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use ass	sets (c	( <b>d)</b> Distributior olumn (b) divided	
	2012					
	2011					
	2010					
	2009					
	2008					
2	<b>Fotal</b> of line 1, column (d)				2	
3 /	Average distribution ratio for the	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the		3	
	,					
4	Enter the net value of noncharit	table-use assets for 2013 from Part	X, line 5		1	
5	Multiply line 4 by line 3				<b>i</b>	
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			,   ;	
		,				
7	Add lines 5 and 6				7	
8	Enter qualifying distributions fro	om Part XII, line 4			3	
	f line 8 is equal to or greater the	nan line 7, check the box in Part VI,	line 1b, and complete that	part using a	1% tax rate. See t	he

**BAA** Form **990-PF** (2013)

Da	tVI Evoice Tay Board on Investment Income (Castler 4040(a) 4040(b) 4040(c) and 60	- \		- 3 -
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	is)		
'	a Exempt operating foundations described in section 4940(d)(2), check here ▶  and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)			•
	b Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
	check here. ► and enter 1% of Part I, line 27b			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income.    Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments:			
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013			
	Exempt foreign organizations — tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax			
Pa	rt VII-A Statements Regarding Activities			
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities.			
	c Did the foundation file Form 1120-POL for this year?	1 c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ►\$  0. (2) On foundation managers ►\$  0.			
	(1) On the foundation \( \bar{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	-		
	foundation managers ▶ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities.			
2	Has the foundation made any changes, not proviously reported to the IDS, in its governing instrument, articles			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>	3		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Χ
	If 'Yes,' attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6		Χ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Χ	
8	a Enter the states to which the foundation reports or with which it is registered (see instructions)▶			
	CA			
	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8 b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
	for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV.	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		X

Par	t VII-A	Statements Regarding Activities (continued)				
11	At any ti within th	me during the year, did the foundation, directly or indirectly, own a controlled entity e meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions).	1	1		Х
12	Did the fo	oundation make a distribution to a donor advised fund over which the foundation or a disqualified person had privileges? If 'Yes,' attach statement (see instructions)	1;	2		Х
13		oundation comply with the public inspection requirements for its annual returns and exemption application?	2 1	3	Χ	
	Website	address▶ N/A				
14	Ine book	s are in care of ► <u>Everest Edwin Foundation</u> Telephone no. ► <u>31</u> at ► 11766 Wilshire Blvd., #1450 Los Angeles CA ZIP + 4 ► 90025	0-444	- <u>97</u>	00_	
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here	<u>N</u>	/Ā		П
		er the amount of tax-exempt interest received or accrued during the year				N/A
16	At any tir bank, se	ne during calendar year 2013, did the foundation have an interest in or a signature or other authority over a curities, or other financial account in a foreign country?	10		Yes	No X
	See the inforeign of	nstructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the ountry ►				
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
		n 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	-	ne year did the foundation (either directly or indirectly):				
	• •	age in the sale or exchange, or leasing of property with a disqualified person?	NO			
	(2) Borre	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	No			
	(3) Furn	· · · · · · · · · · · · · · · · · · ·	No			
	<b>(4)</b> Pay	compensation to, or pay or reimburse the expenses of, a disqualified person? $\ldots$	No			
	(5) Tran for th	sfer any income or assets to a disqualified person (or make any of either available ne benefit or use of a disqualified person)?	No			
	(6) Agre	e to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination				
	of go	overnment service, if terminating within 90 days.)				
b	If any an	swer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in one section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b	N	/ <b>Z</b>
		ations relying on a current notice regarding disaster assistance check here			IN	711
c	Did the f	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts,				
	that were	e not corrected before the first day of the tax year beginning in 2013?		1 c		X
2	Taxes or private of	n failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the er	nd of tax year 2013, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2013?	No			
		list the years ► 20 _ , 20 _ , 20	No			
b		e any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)				
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to listed, answer 'No' and attach statement – see instructions.)		2 b	N	/ A
С	-	ovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			147	
	<b>►</b> 20	_ , 20 , 20 , 20				
3 a	Did the f enterpris	oundation hold more than a 2% direct or indirect interest in any business se at any time during the year?	No			
b	If 'Yes,'	did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation				
	or disqua	alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or				
	(3) the la	pse of the 10-, 15-, or 20-year first phase holding period? <i>(Use Schedule Č, Form 4720, to</i> the if the foundation had excess business holdings in 2013.)	F	3 b	N	/ A
/1 ~		oundation invest during the year any amount in a manner that would jeopardize its	- F	- <b>-</b>	14/	
+ a		e purposes?		4 a		Χ
b	Did the f	oundation make any investment in a prior year (but after December 31, 1969) that could				
	ieonardiz	e its charitable purpose that had not been removed from jeopardy before the first day of ear beginning in 2013?.		4 b		Χ
		<u> </u>				47

Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu	r any amount to:				
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	lic election (see section ation drive?	4955); or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	;, literary, or or or animals?	Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	NI / A
(see instructions)?  Organizations relying on a current notice rega				30	N/A
<b>c</b> If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Regularity	sibility for the grant?		N/A. Yes	No	
<b>6 a</b> Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	s 	No	
<b>b</b> Did the foundation, during the year, pay premi					Х
If 'Yes' to 6b, file Form 8870.				ı	
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee				No 7b	
Part VIII Information About Officers, Di					<u></u>
and Contractors	, ,				
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	_	
(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 and deferred compensation	(e) Expense other allo	
Bimla Everest	CEO	0.	0.		0 .
<u>11766 Wilshire Blvd., #1450</u> Los Angeles, CA 90025	5.00	), ,			
Craig Meier 11766 Wilshire Blvd., #1450 Los Angeles, CA 90025	Secretary 15.00	0.	0.		0.
Gregory Heffernan 11766 Wilshire Blvd., #1450	CFO 30.00	0.	0.		0.
Los Angeles, CA 90025					
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instruction	ns). If none, enter 'NONE		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, owances
None			ounpeneauen		
<b>Total</b> number of other employees paid over \$50,000	)			1	0

3 Five highest-paid independent contractors for professional services (see instructions). If none, e	enter 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of s	service (c) Compensation
None	
T-1-1 combon of allows are similar assurant CO 000 for markers in all and in a	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tay year. Include relevant statistical information such as the n	umber of
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
·	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 an	d 2. Amount
1	d Z. Amount
N/A	
<u> </u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
BAA	Form <b>990-PF</b> (2013)

Form 990-PF (2013) Everest Edwin Foundation Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities..... 1 a **b** Average of monthly cash balances..... 1 b c Fair market value of all other assets (see instructions)..... 1 c d Total (add lines 1a, b, and c)..... 1 d 0. e Reduction claimed for blockage or other factors reported on lines 1a and 1c Acquisition indebtedness applicable to line 1 assets..... 2 3 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)..... 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4...... 5 Minimum investment return. Enter 5% of line 5..... 6 0. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6..... 1 2 a Tax on investment income for 2013 from Part VI, line 5..... 2a **b** Income tax for 2013. (This does not include the tax from Part VI.)..... 2 c Distributable amount before adjustments. Subtract line 2c from line 1..... 3 Recoveries of amounts treated as qualifying distributions..... 4 5 Deduction from distributable amount (see instructions)..... 6 **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII. line 1....... 0. Part XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 150,700. **b** Program-related investments — total from Part IX-B. . . . 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes...... 2 

The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . .

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).....

Adjusted qualifying distributions. Subtract line 5 from line 4.

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3 a

3 b

4

5

6

150,

150

700

700

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2013:				0.
<b>a</b> Enter amount for 2012 only			0.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008				
<b>b</b> From 2009				
<b>c</b> From 2010				
<b>d</b> From 2011				
<b>e</b> From 2012 12,500.				
f Total of lines 3a through e	12,500.			
<b>4</b> Qualifying distributions for 2013 from Part				
XII, line 4: ► \$ 150,700.				
<b>a</b> Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
<b>d</b> Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus.	150,700.			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:	162 200			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	163,200.	<b>)</b> \		
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2013. Subtract lines				
4d and 5 from line 1. This amount must be				0
distributed in 2014  7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
,	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a				
	163,200.			
10 Analysis of line 9:				
a Excess from 2009				
<b>b</b> Excess from 2010				
<b>c</b> Excess from 2011				
<b>d</b> Excess from 2012 12,500 . <b>e</b> Excess from 2013 150.700				
<b>e</b> Excess from 2013 150,700. <b>BAA</b>				Form <b>990-PF</b> (2013)
				1 01111 JJU-1 1 (4013)

Part XIV   Private Operating Foundations (see instructions and Part VII-A, question 9) N/A					N/A
1 a If the foundation has received a ruling or dete is effective for 2013, enter the date of the	rmination letter that	it is a private operat	ting foundation, and th	e ruling	
<b>b</b> Check box to indicate whether the foundat	· ·			4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	Tating Touridation (	Prior 3 years	7572()(5) 01	+3+2()(3)
income from Part I or the minimum investment return from Part X for	(a) 2013	<b>(b)</b> 2012	(c) 2011	<b>(d)</b> 2010	(e) Total
each year listed	(4)	(-)	(-)	(-)	(0) 10101
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or					
more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization		OP	1		
(4) Gross investment income	(Complete this	nort oak if the	foundation had	¢E 000 or more	in .
Part XV Supplementary Information assets at any time during th	e year — see in	structions.)	Houndation nau	\$5,000 or more	111
1 Information Regarding Foundation Manage a List any managers of the foundation who have	contributed more th	nan 2% of the total c	ontributions received	by the foundation befo	ore the
close of any tax year (but only if they have	contributed more	than \$5,000). (See	section 507(d)(2).)	-,	
None					
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the	10% or more of the foundation has a 1	stock of a corporation	on (or an equally large rest.	portion of the owners	ship of
None		, g			
2 Information Regarding Contribution, Gran	nt. Gift. Loan, Scho	larship, etc. Progr	ams:		
Check here if the foundation only ma		• • • •		does not accept unsol	cited
requests for funds. If the foundation makes complete items 2a, b, c, and d.	s gifts, grants, etc	(see instructions) t	o individuals or orga	nizations under othe	er conditions,
a The name, address, and telephone number or	e-mail of the persor	n to whom application	ons should be address	ed:	
<b>b</b> The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de:	
c Any submission deadlines:					
<b>d</b> Any restrictions or limitations on awards, s	such as by geograp	hical areas charita	ahle fields kinds of i	nstitutions or other	factors:
with tostilotions of illilitations of awards, s	acii as by yeoglap	incai arcas, cridilla	abio ficius, Kilius Ul I	113414110113, 01 011101	1401013.

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	substantial contributor	recipient	Contribution				
a Paid during the year							
	CC	P					
Total			▶ 3a				
<b>b</b> Approved for future payment  Total.							

### Part XVI-A Analysis of Income-Producing Activities

ntor	gross amounts unless otherwise indicated.	Unrolata	ed business income	Fueluded	l h., anation F10 F10 an F14	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
	Program service revenue:			code		
a						
b						
C						
d						
e 1						
ı ~	Fees and contracts from government agencies					
_	Membership dues and assessments					
	Interest on savings and temporary cash investments					
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
''	other revenue.					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)					
	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12. columns (b). (d). and (e)					0.
13	Total. Add line 12, columns (b), (d), and (e)				13	0.
<b>13</b> See	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	ns.)				0.
<b>13</b> See	Total. Add line 12, columns (b), (d), and (e)	ns.)	ishment of Exemp			0.
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the Relationship of Activities to the	ns.) Accompl		t Purpo	oses	
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation type Relationship of Activities to the	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the Relationship of Activities to the	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  TXVI-B Relationship of Activities to the  No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl		t Purpo	oses	

# Form 990-PF (2013) Everest Edwin Foundation 45-1274059 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
d€	escribed i	anization directly n section 501(c) political organiza	of the Code (oth	ngage in any of ner than section	the following wit 501(c)(3) organ	h any other organiza izations) or in sectio	ation on 527,			
	•			a noncharitable	exempt organiza	ation of:				
	a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash							1 a (1)		X
								1 a (1)		X
•	ther trans							(=)		71
			ncharitable exer	mpt organization	<b>1</b>			1 b (1)		Χ
•	•							1 b (2)		X
•	•			, ,				1 b (3)		X
•	•							1 b (4)		X
•	•	-						1 b (5)		X
•	•	-						1 b (6)		X
•	•			· ·				1 c		X
•		.aooo, oqu.p		,,	o. paia o.i.pioy					
<b>d</b> If th ar	the answer goods, on transa	er to any of the other assets, or section or sharing a	above is 'Yes,' cervices given by the arrangement. sh	complete the fol he reporting foun low in column <b>(c</b>	lowing schedule. dation. If the found the value of the va	Column <b>(b)</b> should dation received less to a goods, other asset	always show the fair n han fair market value in ts, or services receive	narket valı d.	ue of	
(a) Line		) Amount involved		f noncharitable exem	•		transfers, transactions, and		gement	<u> </u>
N/A		,	\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 3	(-)	, ,	<u> </u>	<u> </u>	
,										
						7 7				
•		P P D 2		20 1.1.1.1		1				
<b>2 a</b> 15 de	tne tound escribed i	ation directly or in n section 501(c)	of the Code (oth	with, or related the than section	o, one or more ta	x-exempt organizatior section 527?	1S 	. Tyes	X	No
		mplete the follow	•		· / · //					
		ame of organiza		<b>(b)</b> Type	of organization		(c) Description of rela	ationship		
N/A				( ) 31				•		
.,										
	Under pena	Ities of perjury, I decla	are that I have examin	ned this return, includ	ling accompanying sch	nedules and statements, an	d to the best of my knowledge	and belief, it	t is true,	
٠.	correct, and	l complete. Declaratio	n of preparer (other th	nan taxpayer) is base	ed on all information o	f which preparer has any kr	nowledge.	DATE: He - II	DO -11:	
Sign					ı	•		May the I	n with th	e e
Here						Secretary	У	preparer : (see instr	uctions)	elow ?
		of officer or trustee	200		Date	Title			Yes	No
		rint/Type preparer's na	атте	Preparer's s	-	Date	Check	PTIN		
Paid	E	hsan Khan		Ehsan			self-employed	P00169	210	
Prepa	rer		Khan CPA C				Firm's EIN ► 95-4	634057		
Use O	only   F		1875 Centu							
		]	Los Angele:	s, CA 9006	7-2507		Phone no. (310			
BAA								Form <b>990</b>	<b>-PF</b> (20	013)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization		Employer identification number			
Everest Edwin Foundation		45-1274059			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	a private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>Ge</b>	neral Rule or a Special Rule				
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a	Special Rule. See instructions.			
General Rule					
X For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	990-PF that received, during the year, \$5,000 or more (in mon	ey or property) from any one			
Special Rules					
509(a)(1) and $170(b)(1)(A)(vi)$ and received	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution o VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I	of the greater of (1) \$5,000 or			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.					
<b>Caution:</b> An organization that is not covered by 990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file So e 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or	chedule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF,			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

1 of **Part 1** 

Everest Edwin Foundation

Employer identification number

45-1274059

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Residents Medical Group, Inc.  11766 Wilshire Blvd  Los Angeles, CA 90025	\$251 <u>,</u> 558.	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

of Part II

1

Everest Edwin Foundation

Name of organization

Employer identification number 45-1274059

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-   \$	<u> </u>

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

1 to

1 of Part III

Name of organization

Everest Edwin Foundation

Employer identification number

45-1274059

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.  For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
	contributions of <b>\$1,000</b> or less for the year. Use duplicate copies of Part III if additional		ee instruction	ns.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee			
	42						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee			
		-COP					
(a) No. from Part I	(b) Purpose of gift	Use of gift		(d) Description of how gift is held			
		(0)					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee			

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

,	re filing for an Additional (Not Automatic) 3-Mont				X
Do not con	nplete Part II unless you have already been grante	d an autom	atic 3-month extention on a previously f	iled Form 8868.	
corporation request an e Associated	filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click of	t automatic) I or Part II w ust be sent	3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronically file Fo n Return for Transfe	orm 8868 to ers
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an a		• • • • • • • • • • • • • • • • • • • •		nly ▶ □
	orporations (including 1120-C filers), partnerships,				L
income tax	returns.		•		
	Name of exempt organization or other filer, see instructions.		Enter filer's identi	Employer identification	
Type or	That is a shaript organization of other many see instruction				
print	Everest Edwin Foundation			45-1274059	
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		Social security number	
due date for filing your	11766 Wilshire Blvd. #1450				
return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.	I	
instructions.	Los Angeles, CA 90025				
Enter the R	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For	1	Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-E	BL	02	Form 1041-A		08
Form 4720 (	`	03	Form 4720 (other than individual)		09
Form 990-F		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telepho If the or If this is check the	ne No.   310-444-9700  rganization does not have an office or place of buses for a Group Return, enter the organization's four his box	Fax No siness in the digit Group	. ► e United States, check this box	this is for the wh	ole group,
	ension is for.	required to t	file Form 900 T) extension of time		
until The e ► [∑	est an automatic 3-month (6 months for a corporation 8/15 , 20 14 , to file the exempt organization is for the organization's return for:  X calendar year 20 13 or tax year beginning , 20 tax year entered in line 1 is for less than 12 months.	anization re	turn for the organization named above.	nal return	
CI	hange in accounting period				
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a \$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymer	nt allowed a	s a credit	3 b \$	0.
EFTP	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	;	3 c \$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO and Form	8879-EO for

Form <b>8868</b>	<b>8</b> (Rev 1-2014)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mon	nth Extension	n, complete only Part II and check	this box	<b>&gt;</b> X
	y complete Part II if you have already been grante			usly filed Form 8868.	
• If you a	are filing for an Automatic 3-Month Extension, co	mplete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	al (no copies need	led).
	•		Enter filer's	identifying number, see	instructions
	Name of exempt organization or other filer, see instructions.			Employer identification nun	nber (EIN) or
Type or					
print	Everest Edwin Foundation			45-1274059 Social security number (SS	-NIX
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		Social security number (55	IN)
extended due date for	Khan CPA Corporation				
filing your return. See	1875 Century Park E Ste 600 City, town or post office, state, and ZIP code. For a foreign add	ress see instructi	ions		
instructions.					
	Los Angeles, CA 90067-2507				
Enter the	Return code for the return that this application is	for (file a ser	parate application for each return).		04
		. (	,		<u>0                                    </u>
Application	on	Return	Application		Return
ls For		Code	Is For		Code
Form 990 (	or Form 990-EZ	01			
Form 990-		02	Form 1041-A		08
	(individual)	03	Form 4720 (other than individual)		09
Form 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
<ul><li>If the of</li><li>If this whole grown</li></ul>	one No. ► 310-444-9700 organization does not have an office or place of both is for a Group Return, enter the organization's foup, check this box ► If it is for part of the the extension is for.	ur digit Group	e United States, check this box Exemption Number (GEN)	If	this is for the
members	the extension is for.				
4 I req	uest an additional 3-month extension of time unt	il <u>11/15</u>	, 20 <u>14</u> .		
<b>5</b> For (	calendar year $~\underline{2013}_{}$ , or other tax year beginn	ing	, 20 , and ending	, 2	0
6 If the	e tax year entered in line 5 is for less than 12 mc	nths, check r	eason: Initial return	Final return	
	Change in accounting period		<del>_</del>	_	
			<u>quests_additional_time</u>	<u>e to gather in</u>	<u>formation</u>
<u>ne</u>	<u>cessary to file a complete and </u>	<u>accurate</u>	<u>tax_return.</u>		
				-1 1	
nonr	is application is for Forms 990-BL, 990-PF, 990-Trefundable credits. See instructions			8a Ş	0.
tax r	is application is for Forms 990-PF, 990-T, 4720, copyments made. Include any prior year overpaym iously with Form 8868.	ent allowed a	as a credit and any amount paid		0.
c Bala EFTI	ince due. Subtract line 8b from line 8a. Include yo PS (Electronic Federal Tax Payment System). Se	our payment	with this form, if required, by using	, 8c \$	0.
			st be completed for Part II o		
Under penalti	es of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form.		•	•	e,
Cianat		Commet		D-1- <b>N</b>	
Signature <b>BAA</b>	Title	Secreta FIFZ0502L		Date ► Form <b>886</b>	<b>8</b> (Rev 1-2014)
<b>-</b> ^^		1 11 ZUOUZL	1201/10	1 01111 300	• (1.0V 1 2014)

2013 Page 1 **Federal Statements** 

### **Everest Edwin Foundation**

45-1274059

Statement 1 Form 990-PF, Part I, Line 16c **Other Professional Fees** 

	(a)	(b) Net	(c)	(d)
	Expenses	Investment	Adjusted	Charitable
	per Books	<u>Income</u>	<u>Net Income</u>	Purposes
Consulting. Total	\$ 48,000. \$ 48,000.	\$ 0.	\$ 0.	\$ 0.

Statement 2 Form 990-PF, Part I, Line 23 Other Expenses

	(a) Expenses <u>per Books</u>	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
Advertising	\$ 400.			
Dues	45.			
Exam Fees	3,819.			
Insurance	6,691.			
Office	9,882.			
Outside Services	2,695.			
Supplies	2,847.			
Telephone	262.			
WebExpenses	1,540.			
Total	\$ 28,181.	\$ 0.	\$ 0.	\$ 0.
				<del></del>

### Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Cash Grants and Allocations

Class of Activity: Donee's Name: Donee's Address: Grant

Children's Hospital Los Angeles

4650 Sunset Blvd Los Angeles, CA 90027

Relationship of Donee: None Organizational Status of Donee: 501c3

\$ 25,000. Amount Given:

Class of Activity: Donee's Name:

University of Southern California 1975 Zonal Ave

Donee's Address:

Los Angeles, CA 90089

Relationship of Donee: None Organizational Status of Donee: 501c3

Amount Given: 102,500.

Grant

Class of Activity: Donee's Name: Donee's Address: San Joaquin General Hospital 500 W. Hospital Road French Camp, CA 95231

Relationship of Donee: None

Organizational Status of Donee: 501c3 2013

### **Federal Statements**

Page 2

**Everest Edwin Foundation** 

45-1274059

Statement 3 (continued) Form 990-PF, Part I, Line 25 **Contributions, Gifts, and Grants** 

Amount Given: \$ 20,000.

Class of Activity: Donee's Name: Donee's Address: Grant

Bronx Veterans Medical Research Found

130 W Kingsbridge Road Bronx, NY 10468

Relationship of Donee: None Organizational Status of Donee: 501c3

Amount Given: 2,000.

Class of Activity: Grant

Donee's Name: American Urogynecologic Society

2025 M Street NW, Ste 800 Washington , DC 20036 Donee's Address:

Relationship of Donee: None Organizational Status of Donee: 501c3

Amount Given: 1,000.

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Donation Various Various Various, None

200.

150,700. Total \$