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**Return of Private Foundation** 

OMB No. 1545-0052

DLN: 93491298001217

Form 990-PF	
<b>%</b> J	

2016 or Section 4947(a)(1) Trust Treated as Private Foundation Department of the Treasury Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Open to Public ▶ Information about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>. Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number GOOD HOPE MEDICAL FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 625 FAIR OAKS AVE (626) 441-5188 City or town, state or province, country, and ZIP or foreign postal code  ${f C}$  If exemption application is pending, check here SOUTH PASADENA, CA 91030 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end ☐ Cash ☑ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 31,497,725 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 Interest on savings and temporary cash investments 4 Dividends and interest from securities 641,158 641,158 641,158 Gross rents 5a Net rental income or (loss) -72,047 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 22,970 Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b . . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) اروه 1,067 12 **Total.** Add lines 1 through 11 570,178 641,158 664.128 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . اروه Accounting fees (attach schedule) 13,543 6,772 6,771 اروه 243,471 160.971 82.500 Other professional fees (attach schedule) 17 ارچە 9.045 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 5,347 1,604 3,743 22 Printing and publications . 23 Other expenses (attach schedule) 8,330 2,499 5,831 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 279,736 98,845 171,859 25 Contributions, gifts, grants paid 1.395.000 1.395.000 26 Total expenses and disbursements. Add lines 24 and 1,674,736 171,859 1,493,845 27 Subtract line 26 from line 12

469,299

-1,104,558

disbursements

Excess of revenue over expenses and

Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Temporarily restricted

Permanently restricted . .

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ \_

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Land, buildings, and equipment basis

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

13 14

15 16

17

18

19

20

21

22

23

24

25

27

28

29

30

31 Part III

Liabilities

Balances

Pung 26

ö

Net Assets

2

3

4

5

678,561

30,729,456

19,697

25,000

42,570

87,267

26,282,482

3,246,782

1,112,925

30.642.189

30,729,456

91,566

(چە

(چە

701,213

31,497,725

19,926

315,000

70 448

405,374

26,614,056

3,365,370

1,112,925

31,092,351

31,497,725

30,642,189

-1,104,558

1,875,973

31,413,604

31,092,351 Form **990-PF** (2016)

321,253

1

2

3

4

5

6

98,294

701,213

98 294

31,497,725

Part IV Capital Gains and Losses for Tax on Investment Income							
List and describe t 2-story brick ware	(b) How acquired P—Purchase D—Donation	υa	(c) te acquired o , day, yr )	(d) Date sold (mo , day, yr )			
<b>1a</b> See Addıtıonal Data Table							
b							
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain c	<b>h)</b> ir (loss) ) minus (g)	
a See Additional Data Table							
b							
<u>c</u>							
d							
e			12/21/60				
Complete only for assets	showing gain in column (h) and ow	<u> </u>			Cause (Cal. (	h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col(၊) (յ), ıf any	со	l (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))	
a See Addıtıonal Data Table						_	
b							
С							
d							
e							
	l ain or (loss) as defined in sections 1		Part İ, lıne 7	2		-72,047	
If gain, also enter in Par in Part I, line 8	t I, line 8, column (c) (see instruction	ons) If (loss), enter -0		} _ 3		22,970	
Part V Qualification U	Inder Section 4940(e) for Re	duced Tax on Net	Investment :	Income	<u> </u>		
	rivate foundations subject to the sec						
If section 4940(d)(2) applies, le	•			,			
If "Yes," the foundation does no	e section 4942 tax on the distributal t qualify under section 4940(e) Do	not complete this part	<u> </u>		☐ Y	es 🔽 No	
	ount in each column for each year,	see instructions before	making any ent	ries	,		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		(col	(d) Distribution rat (b) divided by o	ol (c))	
2015	1,363,070		31,340,066			0 04349	
2014	1,269,658		31,121,927			0 04080	
2013	1,076,367		29,160,072			0 03691	
2012	1,176,583		25,422,512			0 04628	
	1,357,020		26,687,649			0 05085	
2 Total of line 1, column (d	l)			-		0 218330	
number of years the foun	dation has been in existence if less incharitable-use assets for 2016 from	than 5 years 🔒 🗓	, or by the			0 043666 30,477,430	
<b>5</b> Multiply line 4 by line 3			5	5		1,330,827	
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	5	·	4,693	
<b>7</b> Add lines 5 and 6			🗔	<u>'                                    </u>		1,335,520	
8 Enter qualifying distribution	ons from Part XII, line 4 ,		[8	<u> </u>		1,493,845	
	ater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part u	sing a 1%	% tax rate Se	e the Part VI	
instructions					Fo	orm <b>990-PF</b> (2016)	

<b>6a</b> Did the foundation, during the year,	receive any funds, directly or	ındırectly, to pay premit	ums on		
•			· 🗌 Yes 🗸	No	
<b>b</b> Did the foundation, during the year,	pay premiums, directly or inc	directly, on a personal be	nefit contract?	6b	No
If "Yes" to 6b, file Form 8870					
<b>7a</b> At any time during the tax year, was			∟ Yes 💌		
<b>b</b> If yes, did the foundation receive an	, , , , , , , , , , , , , , , , , , , ,			7b	No
Part VIII Information About Cand Contractors	fficers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid Er	nployees	·,
1 List all officers, directors, trustee	s, foundation managers a	nd their compensation		_	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, r allowances
See Additional Data Table					
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1	see instructions) If no	ne enter	"NONE "
		llose ilicidaed oil illie 1	Contributions to	ne, enter	HOHL
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation		nse account, allowances
NONE			(u) compensation		
Total number of other employees paid ove	r \$50,000				

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Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for profess	sional services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,0	00 <b>(b)</b> Type of service	(c) Compensation
LEE SPERLING HISAMUNE AC	AUDITING AND TAX	13,543
550 NORTH BRAND BLVD STE 525 GLENDALE, CA 91203		
WHITTIER TRUST COMPANY	PHILANTROPIC SERVICE	236,939
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030		
Total number of others receiving over \$50,000 for professional se		
Part IX-A Summary of Direct Charitable Activitie		
List the foundation's four largest direct charitable activities during the tax ye organizations and other beneficiaries served, conferences convened, researc		Expenses
1 CHILDREN'S HOSPITAL LOS ANGELES - TO SUPPORT TYPE 2		115,000
2 CITRUS VALLEY HEALTH FOUNDATION - TO SUPPORT DIABET	TES MANAGEMENT PROGRAM	200,000
3 CHILDREN'S HOSPITAL LOS ANGELES MY VOICE ADOLESCEN		150,000
4 FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES - GARDENS FAMILY MEDICAL CENTER		150,000
Part IX-B Summary of Program-Related Investm	nents (see instructions)	
Describe the two largest program-related investments made by the found		Amount
1		
		-
		-
All other program-related investments See instructions		
<u> </u>		-
Total. Add lines 1 through 3		•
		Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3b

4

5

1,493,845

1,493,845

1.489.152

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4.693

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

1

2

3

4

5

b

Page 9

796,304

722,875

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a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . .

indicated below:

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

same amount must be shown in column (a) )

P	art XIII	Ur	ndi	str	ibı	ute	d Income (see instruc	ctions)
							6.6 D LVII -	
1	Distributabl	e am	nour	וד ד	or	201	6 from Part XI, line 7	
2	Undistribute	ed in	com	ne,	ıf a	ny,	as of the end of 2016	
а	Enter amou	int fo	or 2	015	o or	ıly.		
b	Total for pr	or y	ear	s	2	0		
3	Excess disti	rıbutı	ons	са	rry	ove	r, if any, to 2016	
а	From 2011							
b	From 2012							
С	From 2013							
d	From 2014							
е	From 2015							
f	Total of line	es 3a	thr	ou	gh (	e.		
4	Qualifying d	ıstrıb	utic	ons	for	20	16 from Part	
	XII line 4	•	:				1 493 845	l

(a)

Corpus

(b)

Years prior to 2015

(c)

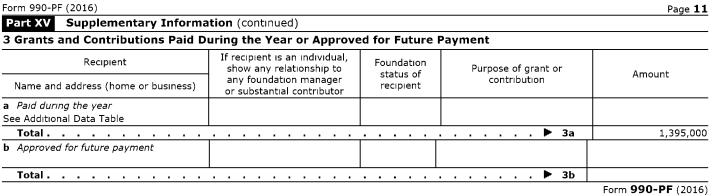
2015

697,541

697,541

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors NONE



ter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a					
b					
c					
e					
f					
g Fees and contracts from government agencies  Membership dues and assessments					
Interest on savings and temporary cash					
investments			1.4		641.15
Net rental income or (loss) from real estate			14		641,15
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property  Other investment income.					1.06
Gain or (loss) from sales of assets other than					1,06
inventory					-72,04
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
c					
d					
Subtotal Add columns (b), (d), and (e)					570,17
			1	13	
<b>Total.</b> Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculatio	ns )			13	
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation of the accomplishment of the accomplishment of the foundation of the accomplishment of the accompli	ns )  e Accomplish  income is reporte	ment of Exem d in column (e) o	<b>pt Purposes</b> f Part XVI-A contrib	uted importantly to	570,178 570,178
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B  Relationship of Activities to the second section of the accomplishment of the foundation's exinstructions )	ns )  e Accomplish  Income is reporte  empt purposes (c	ment of Exem d in column (e) o other than by prov	pt Purposes f Part XVI-A contrib viding funds for sucl	uted importantly to n purposes) (See	570,178
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activities to the Section of the accomplishment of the foundation's expectations.	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,178
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Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second s	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,17
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the line No. Explain below how each activity for which the accomplishment of the foundation's explain to the instructions (b).  THE INCOME GENERATED BY THE INTEREST ACCOMPLISH THE FOUNDATION'S GOAL OF	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,176
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second s	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,17
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the line No. Explain below how each activity for which the accomplishment of the foundation's explain to the instructions (b).  THE INCOME GENERATED BY THE INTEREST ACCOMPLISH THE FOUNDATION'S GOAL OF	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,178
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities to the second s	ns )  e Accomplish income is reporte empt purposes (c  AND DIVIDEND F PROVIDING MED!	ment of Exem d in column (e) o other than by pro	pt Purposes  f Part XVI-A contrib  riding funds for sucl  5, AND THE SALE O	uted importantly to n purposes) (See F SECURITIES IS T	570,178

	·
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
Ш	Exempt Organizations

Pari	XVII	Information Re Exempt Organi		ansfe	ers To a	and Transacti	ior	ns and I	Relatio	nships With Nor	ncharit	able		
		rganization directly or in Code (other than section	directly engag								on 501		Yes	No
a Tra	insfers	from the reporting foun	dation to a no	nchari	ıtable exe	empt organizatio	on d	of			•			
(1	) Cash											1a(1)		No
(2	) Othe	er assets									. [	1a(2)		No
<b>b</b> Oth	ner trar	nsactions												
(1	) Sales	s of assets to a nonchar	ıtable exempt	organ	ızatıon.							1b(1)		No
(2	) Purcl	hases of assets from a r	oncharitable (	exemp	t organiz	zation						1b(2)		No
(3	) Rent	al of facilities, equipmer	nt, or other as	sets.								<b>1</b> b(3)		No
(4	) Reim	bursement arrangemen	ts								- t	1b(4)		No
•		s or loan guarantees.									1	1b(5)		No
•		rmance of services or m			-						.	1b(6)		No
	_	f facilities, equipment, n			•						l	1c		No
of :	the goo any tra	wer to any of the above ods, other assets, or ser nsaction or sharing arra  (b) Amount involved	vices given by ngement, sho	the re	eporting olumn (d	foundation If th	e f	oundation goods, ot	n receive ther asset	d less than fair mar	ket value ved	e	ngement	tc t
(a) Line	- 140	(b) Amount involved	(c) Name of t	ionenai	itable exel	mpe organización		(u) Desc	cription or	transfers, transactions,	, and snar	ing arrai	igenien	
	-													
	_													
<b>2a</b> Is 1	the fou	ndation directly or indire	ectly affiliated	with,	or relate	d to, one or mor	e t	ax-exem	pt organı	zations	_	_	_	
des	cribed	in section 501(c) of the	Code (other t	than s	ection 50	$\mathfrak{I}(c)(3))$ or in se	ecti	on 527?.			. <b>.</b> L	Yes	✓ N	0
b If '	Yes," c	complete the following s												
		(a) Name of organization	on	-	(E	<b>b)</b> Type of organiza	atior	1		(c) Description	of relatio	nship		
				$\dashv$										
Sign	of n	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co											
Here		*****				2017-10-25		**	****		May the IR with the pr			
	7	Signature of officer or t	rustee			Date		<b>/</b>	tle		see instr			
		Print/Type preparer's		Prepai	rer's Sıgr	nature		Date		Check if self- employed ▶ □	PTIN	P00190	659	
Paid Dron	arer	Frank M Saito CPA												
	Only		SPERLING HIS	SAMUN	NEAC						Fırm's EI	N ►		
	~···y		0 NORTH BRA	AND BL	LVD STE	525								
		GL	ENDALE, CA	91203	3						Phone no	(818)	507-6	5645

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation WTC 5134 S/T COVERED Ρ 2016-01-01 2016-12-31 WTC 5134 L/T COVERED Р 2015-01-01 2016-12-31 WTC 5134 L/T NON-COVERED Р 2015-01-01 2016-12-31 Р WTC 5134-TFI S/T COVERED 2016-01-01 2016-12-31 Ρ 2016-12-31 WTC 5134-TFI S/T NONCOVERED 2016-01-01 Ρ WTC 5134-TFI L/T NONCOVERED 2015-01-01 2016-12-31 Ρ WTC MULTISTRAT OFFSHORE FUND 2016-01-01 2016-12-31 Р WTC MULTISTRAT OFFSHORE FUND 2015-01-01 2016-12-31 Р UNITED AIRLINES 1991-01-01 2016-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 517,130 500,921 16,209 3,035,663 -92,810 2,942,853 23,367 345 23,022 1,564,667 1,542,030 22,637 6,130,318 6,135,795 -5,477 1,850,715 35,752 1,814,963 10,399 -10,399 520 -520 37,221 97,682 -60,461 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 16,209 -92,810 23,022 22,637 -5,477 35,752 -10,399 -520 -60,461

Form 990PF Part VIII Line 1 - Lis	t all officers, directors,	trustees, foundatior	managers and their	compensation
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT E TRANQUADA MD	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
BOB ADLER	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	0 00			
JULIE LYTLE NESBIT	Secretary	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	5 00			
THOMAS HUDNUT	Treasurer/CFO	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
HOWARD KAHN	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
MICHAEL SEGAL	Vice President	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
PHILIP V SWAN	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
THOMAS WACHTELL	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
LYNN YONEKURA	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
JOHN H QUINN	President	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
CYNTHIA TRIBULL	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			
ALEXANDER LI	Director	0		
625 FAIR OAKS AVE 360 SOUTH PASADENA, CA 91030	2 00			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
USC DENTAL CLINIC 545 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	PAID	USC Dental School Clinic at Union Rescue Mission	50,000
HEAR CENTER 301 E DEL MAR BLVD PASADENA, CA 91101	NONE	PAID	PROVIDE FREE HEARING AND SPEECH SCREENINGS FOR CHILDREN AND SENIORS	30,000
PLANNED PARENTHOOD 2333 LAKE AVENUE FLOOR 2 ALTADENA, CA 91001	NONE	PAID	TO PROVIDE FUND FOR CORE OPERATING SUPPORT	100,000
ALL INCLUSIVE COMMUNITY HEALTH CENTER 1311 SAN FERNANDO BLVD BURBANK, CA 91504	NONE	PAID	FOR CORE OPERATING SUPPORT	50,000
CARE HARBOR 18436 HAWTHORNE BLVD SUITE 204 TORRANCE, CA 90504	NONE	PAID	TO EXPAND AND ENHANCE FREE CARE FOR UNINSURED, UNDERINSURED AND UNEMPLOYED INDIVIDUALS AND FAMILIES IN LOS ANGELES COUNTY AND BEYOND	80,000

	l .			i
PLANNED PARENTHOOD 2333 LAKE AVENUE FLOOR 2 ALTADENA, CA 91001	NONE	PAID	TO PROVIDE FUND FOR CORE OPERATING SUPPORT	100,000
ALL INCLUSIVE COMMUNITY HEALTH CENTER 1311 SAN FERNANDO BLVD BURBANK, CA 91504	NONE	PAID	FOR CORE OPERATING SUPPORT	50,000
CARE HARBOR 18436 HAWTHORNE BLVD SUITE 204 TORRANCE, CA 90504	NONE	PAID	TO EXPAND AND ENHANCE FREE CARE FOR UNINSURED, UNDERINSURED AND UNEMPLOYED INDIVIDUALS AND FAMILIES IN LOS ANGELES COUNTY AND BEYOND INCREASE SCOPE & QUALITY OF CARE OFFERED AT THE LA CLINIC	80,000

1,395,000

Total .

3а

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD MAILSTOP 29 LOS ANGELES, CA 90027	NONE	PAID	TO SUPPORT MYVOICE ADOLESCENT TRANSITION PROGRAM	150,000				
MLK COMMUNITY HEALTH FOUNDATION 555 S FLOWER ST STE 2710 LOS ANGELES, CA 90071	NONE	PAID	PRIMARY AND SPECIALTY CARE CLINIC AS PART OF MLKCH'S ADVANCED CARE PROGRAMS	50,000				
WILMINGTON COMMUNITY CLINIC 1009 NORTH AVALON BLVD WILMINGTON, CA 90744	NONE	PAID	Dental support services	50,000				
FAMILY HEALTH CARE CENTERS OF GREAT 6501 S GARFEILD AVE BELL GARDENS, CA 90201	NONE	PAID	Core operating support	150,000				
JOHN TRACY CLINIC 806 WEST ADAMS BLVD LOS ANGELES, CA 90007	NONE	PAID	JOHN TRACY'S PRESCHOOL PROGRAM	40,000				

Total . . 3a 1,395,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
CARE MESSAGE 332 PINE STREET 3RD FLOOR SUITE 204 TORRANCE, CA 90504	NONE	PAID	Expansion of the CareMessage patient engagement platform to health centers in LA county	100,000	
CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH, CA 90806	NONE	PAID	General operating support	50,000	
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD 29 LOS ANGELES, CA 90027	NONE	PAID	TYPE 2 DIABETES CLINIC	115,000	
CITRUS VALLEY HEALTH FOUNDATION 1115 S SUNSET AVENUE WEST COVINA, CA 91790	NONE	PAID	Diabetes Management Program	200,000	
USC SCHOOL OF PHARMACY 1985 ZONAL AVENUE 7TH FLOOR LOS ANGELES, CA 90089	NONE	PAID	USC School of Pharmacy Health Literacy Program's Immunization Foto and Audio-Visual Novela Project	50,000	
Total				1,395,000	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WHITE MEMORIAL MEDICAL CENTER NONE PAID To support Healthy Eating 80,000 Lifestyle Program (HELP) CHART 1720 CESAR E CHAVEZ AVENUE

LOS ANGELES, CA 90033				
YOUNG HEALTHY PO BOX 93397 PASADENA, CA 91109	NONE	PAID	TO SUPPORT CORE OPERATIONAL FUNCTIONS	50,000
Total				1,395,000

3а

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	DL	N: 93491298001217		
TY 2016 Accounting Fees Schedule							
_							
Name: GOOD HOPE MEDICAL FOUNDATION							
<b>EIN:</b> 95-0782640							
Softv	vare ID:	1600030	3				
Software \	Software Version: 2016v3.0						
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes							
ACCOUNTING / BOOKKEEPING		13,543	6,772	0	6,771		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491298001217
TY 2016 Other Assets Schedule	<u> </u>	

Name: GOOD HOPE MEDICAL FOUNDATION

**EIN:** 95-0782640

**Software ID:** 16000303

Software Version: 2016v3.0

## Other Assets Cabada

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
accrued interest purchased	396	9,507				
ACCRUED INTEREST PURCHASED			9,507			
DIVIDEND RECEIVABLE	91,170	88,787	88,787			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491298001217
TY 2016 Other Decreases Scho	edule	
Name:	GOOD HOPE MEDICAL FOUNDATION	
EIN:	95-0782640	
Software ID:	16000303	
Software Version:	2016v3.0	
De	escription	Amount
DEFERRED TAX ADJUSTMENT		27,878
INCREASE IN GRANTS PAYABLE		290,000
K-1 PASSTHROUGH WTC MULTI-STRATE	GY OFFSHORE	3,375

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491298001217			
<b>TY 2016 Other Expenses Sche</b>	dule						
<del>-</del>							
Name:	GOOD HOPE ME	EDICAL FOUNDAT	TON				
EIN:	95-0782640						
Software ID:	<b>D:</b> 16000303						
Software Version:	rsion: 2016v3.0						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INSURANCE	2,970	891		2,079			
MISCELLANEOUS	5,360	1,608		3,752			

Description		Revenue And	Net Investment	Adjusted Net Income
her Income Schedule				
Software Version:	2016v3.0			
Software ID:	16000303			
EIN:	95-0782640			
Name:	GOOD HOPE	MEDICAL FOUNDA	TION	

**Expenses Per Books** 

1,067

Income

DLN: 93491298001217

Other Investment Income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491298001217				
TY 2016 Other Increases Schedule							
Name:	GOOD HOPE M	1EDICAL FOUNDATION					
EIN:	95-0782640						
Software ID:	16000303						
Software Version:	2016v3.0						
De	escription		Amount				
K-1 PASSTHROUGH WTC MULTI-STRATEGY OFFSHORE			6,545				
K-1 PASSTHROUGH WTC MULTI-STRATEGY OFFSHORE CAPITAL LOSS			10,919				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491298001217		
TY 2016 Other Liabilities Schedule						
Name:	GOOD HOPE M	1EDICAL FOU	INDATION			
EIN:	95-0782640					
Software ID:	16000303					
Software Version:	2016v3.0					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
DEFERRED TAX LIABLITY			42,570	70,448		

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-1	DLN	N: 93491298001217		
TY 2016 Other Professiona	l Fees Schedu	le				
Name: GOOD HOPE MEDICAL FOUNDATION						
<b>EIN:</b> 95-0782640						
<b>Software ID:</b> 16000303						
Software Versi	Software Version: 2016v3.0					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ADMINISTRATIVE FEES	82,500	0	0	82,500		
ADVISORY FEES	154,439	154,439	0	0		
WTC MULTI-STRATEGY FUND OFFSHORE K-1	6,532	6,532	0	0		

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DL	N: 93491298001217
TY 2016 Taxes Schedule				
Nam	e: GOOD HOPE	MEDICAL FOUND	ATION	
EI	<b>N:</b> 95-0782640	1		
<b>Software ID:</b> 16000303				
Software Versio	<b>n:</b> 2016v3.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	13	13		
TAXES - FEDERAL EXCISE	9,032			