Form **990-PF** 

2949105300421

**Return of Private Foundation** 

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

➤ Do not enter social security numbers on this form as it may be made public.

➤ Go to www irs gov/Form990PF for instructions and the latest information.

Departme	ent of the Treasury	▶ Do i	not enter	social security numbers	on this form a	is it may be ma	ade public.	10		IU
Internal F	Revenue Service			irs gov/Form990PF for i			_		Open to Public	Inspection
		or tax year beginning	OCI	1, 2018	, and	ending	SEP 30,	2019		
	of foundation	WING HIDGO		DYD 3 MT 037			A Employer ide	entification	number	
		KING <u>HIRS</u> CI					40.00			_
		<u>E HIRSH FEIN</u>				-	13-39		<u> </u>	
		ox number if mail is not deliver	ed to street	t address)		Room/suite	B Telephone nu			
	•	OTT STREET		<u>-</u>			20236	<u>35325</u>	i	(
-		ovince, country, and ZIP or					C If exemption app	plication is p	ending, check here	<b>▶</b> □ '
_WAS	<u>SHINGTON</u>	<u>, DC 20008-</u>	<u>-1019</u>	)	· · · ·					
<b>G</b> Chec	ck all that apply:	Initial return		Initial return of	a former public	charity	D 1 Foreign or	ganizations	s, check here	<b>&gt;</b>
		Fınal return		Amended retur	n		2 -			
		Address chang		Name change			check here a	nizations me and attach co	eeting the 85% test, imputation	
H Che	ck type of organiz	ation: X Section 50		xempt private foundation		711	E If private four	ndation sta	tus was terminate	ed .
	Section 4947(a)(1	) nonexempt charitable tru	st	Other taxable private fou	ndation	0			(A), check here	
1 Fair n	market value of all	assets at end of year   J	Account	ıng method: X Cas	h 🔲 Ac	crual	F If the foundat	ion is in a t	60-month termina	ation
(from	Part II, col (c), li		o	ther (specify)			1		(B), check here	
\$	<del>.</del>	424,099.(Pa	art I, colur	nn (d) must be on cash t	asis.)					
Part	Analysis of R	evenue and Expenses ounts in columns (b), (c), and (d)		(a) Revenue and	(b) Net	ınvestment	(c) Adjuste	d net	(d) Disburser	ments
	necessarily equa	ounts in columns (b), (c), and (d) at the amounts in column (a)	ппау пот	expenses per books	s in	come	incom		for charitable pu (cash basis o	
$\sqrt{-1}$	Contributions,	gifts, grants, etc., received		100,737	7.					1
<b>1</b>   2		if the foundation is not required to attai	ch Sch B							
`   a	Interest on saving cash investments	s and temporary								
4		interest from securities		12,775		12,775.			STATEMEN	VT 1
5	a Gross rents									
	b Net rental income	or (loss)							2-2	
. 6		from sale of assets not on line	10	428	3.		,		RECEIV	/ED
흴	b Gross sales price assets on line 6a	for all 38, 9					***	1 r		
Revenue 7		ncome (from Part IV, line 2)	<del></del>			428.		8	JAN 81	2020 S
8 2								8	JAIN 01	FANTA P
9		, ,						<del>  </del>		œ
10	Gross sales less r								OGDEN,	UT
'	b Less Cost of goo	ds cold								
	c Gross profit or			1						<u>'</u>
11		(1000)								
12		e 1 through 11		113,940	<del>,  </del>	13,203.		0.		<del></del> i
13		officers, directors, trustees, etc			).	.0.		0.		0.
14		onicers, directors, trustees, etc e salaries and wages			<del>' •  </del>	<u> </u>	<u> </u>			<u> </u>
		e salaries and wages employee benefits		ļ	+					
S 15	i Pension plans, ia Legal fees	embioλee neueng			+		1			
ŠĮ i	<b>b</b> Accounting fee	s STMT	1 2	2,380	<del>.                                     </del>	900.	<del> </del>	0.		
0.1	-		. 4	4,380	' •	300.	<del> </del>	<u> </u>		0.
ы 1	c Other profession Interest	nai 1862			+		<del> </del>			
¥ 17		СШМП	1 2	150	, +					
18 18		STMT	. 3	150	<del>' •  </del>	0.		0.		0.
: <u>Ë</u>  19	Depreciation ar	a depletion			<del></del>			_		
튕껄	Occupancy									
and Ac	ravel, contere	nces, and meetings			<del></del>					
듄 /32	Printing and pu		. 4	1 - 0			1			
D 23	Other expenses		. 4	150	) •   · · · · · · · · · · · · · · · · · ·	0.	ļ. ———	0.	~	0.
# 24		and administrative						_		
<u>a</u>		lines 13 through 23		2,680	·	900.		0.		0.
20 ا د		gifts, grants paid		14,300				•	14,	300.
		s and disbursements				_				
0	Add lines 24 ar			16,980		900.		0.	14,	300.
1020	Subtract line 26				2 952					
0	a Excess of revenue	over expenses and disbursem	ents	96,960					<del></del>	
	b Net investment	t income (if negative, enter -0	-)			12,303.				
- 1	c. Adjusted net in	COME (if penative enter -0-)		1	Ī		1	Λ		1

For	m 99	90-PF (2018) C/O PATRICE HIRSH FEINS	rein	13-3	3987114 Page 2
		II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	45,601.	109,570.	<u>109,570.</u>
	3	Accounts receivable ▶			
		Less. allowance for doubtful accounts			
	4	Pledges receivable ►	_		
		Less: allowance for doubtful accounts			
	5	Grants receivable	-		
	6	Receivables due from officers, directors, trustees, and other			<del></del>
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less' allowance for doubtful accounts			-
۰,	8	Inventories for sale or use			
ssets	١	Prepaid expenses and deferred charges	<del> </del>		
Ass	100	Investments - U.S. and state government obligations	<del> </del>	<del>-</del>	<del>-</del>
•	1				
	I	no Investments - corporate stock			
	Ι.	: Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	1	-	·
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	186,128.	219,119.	314,529.
	14	Land, buildings, and equipment: basis	<del>-</del>	<u>-</u>	
	ľ	Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions Also, see page 1, item I)	231,729.	328,689.	424,099.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			<del></del>
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			<del></del> :
二		Other liabilities (describe )			J
	23	Total liabilities (add lines 17 through 22)		0.	
		Foundations that follow SFAS 117, check here			1
		and complete lines 24 through 26, and lines 30 and 31			i
Ses	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
пd		Foundations that do not follow SFAS 117, check here			
Ť	1	and complete lines 27 through 31			,
Ö	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Asi	29	Retained earnings, accumulated income, endowment, or other funds	231,729.	328,689.	
Net Assets or Fund Balances	30	Fotal net assets or fund balances	231,729.	328,689.	1
_	$\Pi$				
	31	Of Original Highlities and net assets/fund balances	231,729.	328,689.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	231,729.
2		er amount from Part I, line 27a		2	96,960.
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<u> </u>	4	328,689.
•		reases not included in line 2 (itemize)		5	0.
		Il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	328,689.

13-3987114 Page 3

(a) List and describe	the kind(s) of property sold (for exa	mple, real esta		(b) Hov	w acquired furchase		acquired	(d) Date sold
	rehouse, or common stock, 200 sh	S MLC Co.)		D - C	Onation (		lay, yr.)	(mo., day, yr.)
1a ISHARE CHINA LA	ARGECAP			ļ	<u>P</u>	$\frac{11/1}{26/1}$		01/14/19
b PUBLIC STORAGE	MIRC MDIICM			<del> </del> -	D D	06/1		03/28/19
c MEDICAL PROPER	TIES TRUST		<del></del>		P	10/0	1/18	10/01/18
<u>d</u>				<del> </del>			· · · · · ·	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
a 13,903.			12,63	7.				1,266.
b 25,000.			25,29					<296.
С				2.				<542.
d								
e								
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69.			(I) Gains (C	Col. (h) gain	minus
(1) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	cess of col. (1) col. (j), if any		С	ol. (k), but i Losses	not less tha (from col. (	n -0-) <b>or</b> (h))
a								1,266.
b								<296.
_c								<542.
<u>d</u>		<u> </u>						
<u>e</u>								
2 Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	r ın Part I, line )- ın Part I, line	7 : 7	}	2			428.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar							
If gain, also enter in Part I, line 8,		ia (0)						
If (loss), enter -0- in Part I, line 8				<u> </u>	3		N/A	<u>-</u>
Part V   Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inves	stment In	come		
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation hable for the section.	nis part blank.			·				Yes X No
If "Yes," the foundation doesn't qualif		nplete this par	t	_				
(a) Base period years	(b)	•	Net value of no	(c)	ble-use asset		Distrit	(d) oution ratio
Calendar year (or tax year beginning	19 111)	5,229.	1101 14100 01 110		283,07		(coi. (b) aiv	olded by col. (c)) 053799
2017 2016		6,484.			276,42		<del></del> -	.059634
2015		2,930.			270, <u>42</u> 271,82			.047568
2014		$\frac{2}{2},387.$			271, <u>02</u> 271,98			.045543
2013		$\frac{2}{4},017.$			264,05			.053083
		/ O _ / .	_		202703			
2 Total of line 1, column (d)						2		.259627
3 Average distribution ratio for the !	5-year base period - divide the total	on line 2 by 5.	O, or by the numb	er of vea	ırs	<u> </u>		<u> </u>
the foundation has been in exister			o, or o,o	0. 0. , 0.		3		.051925
4 Enter the net value of noncharitab	le-use assets for 2018 from Part X,	line 5				4		314,571.
5 Multiply line 4 by line 3						5		16,334.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					_ 6		123.
7 Add lines 5 and 6						7		16,457.
8 Enter qualifying distributions from	n Part XII line 4					8	,	14,300.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	t 1b, and comp	lete that part usin	g a 1% t	ax rate.	_ 0	I	14,500•
See the Part VI instructions.							<u></u>	

THE DIDI & KING HIRSCH FOUNDATION

Form 990-PF (2018) C/O PATRICE HIRSH FEINSTEIN  Part VI Excise Tax Based on Investment Income (Section 4)	940(a), 4940(b), 4940(e), or 4	13-398 948 - see			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here					<del>,</del>
Date of ruling or determination letter: (attach copy of letter if					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<del></del>	1	-	2	46.
of Part I, line 27b					,
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	er 4% of Part I, line 12, col (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2	_		0.
3 Add lines 1 and 2	,	3		2	46.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ly, others, enter -0-)	4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5		2	46.
6 Credits/Payments:					
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a O.				
b Exempt foreign organizations - tax withheld at source	6b 0.				ı
c Tax paid with application for extension of time to file (Form 8868)	6c O.	<u> </u>			
d Backup withholding erroneously withheld	6d <u>O</u> .		~	_	
7 Total credits and payments Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8			0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9		2	46.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpa	id , 🕨	10			
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refunded ▶	11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intervene	: in		Yes	
any political campaign?			1a		<u>X</u>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu	irposes? See the instructions for the defii	iition	1b		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	ies 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?			1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during					
(1) On the foundation. ► \$ (2) On foundation mana					'
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation				i
managers. ► \$O.					
2 Has the foundation engaged in any activities that have not previously been reported to t	he IRS?		2		<u>X</u>
If "Yes," attach a detailed description of the activities.			-		
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ing instrument, articles of incorporation,	or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	e year?	/-	4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear?		5		<u>X</u>
If "Yes," attach the statement required by General Instruction T					
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ed either:				
By language in the governing instrument, or					F
By state legislation that effectively amends the governing instrument so that no mand	atory directions that conflict with the stat	e law	-		- :
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	omplete Part II, col. (c), and Part XV		7	Х	
On Fahrable states to the black to the formal states are such to the black to the state of Control of the state of the sta					
8a Enter the states to which the foundation reports or with which it is registered. See instri	JUNIONS. F		-		1
DC  If the ancient is "Vac" to line 7, has the foundation furnished a copy of Form 900 PE to to	ha Attarnay Canaral (or designate)		-		!
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to to	ne Attorney deneral (or designate)		0.	X	•
of each state as required by General Instruction G? If "No," attach explanation	of continu 4042(1)/2) or 4040(1)/5) for coll	ndar	8b	Λ	<u></u>
9 Is the foundation claiming status as a private operating foundation within the meaning of		iiiudi		-	Ψ' C
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sc			10		<u>x</u>
The start persons become substantial continuations during the tax year. If 'res," attach a sc	medore natury men names and addresses		orm <b>990</b>	)-PF	(2018)

Form 990-PF (2018) C/O PATRICE HIRSH FEINSTEIN

13-3987114

Page 5

Pe	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address ► N/A			
14	The books are in care of ▶ PATRICE FEINSTEIN Telephone no ▶ 20236			
	Located at ► 2824 ELLICOTT STREET, WASHINGTON, DC ZIP+4 ►2	<u>0008</u>	<u>-10</u>	19_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			,
	(2) Rorrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		ļ	,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available		ĺ	:
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			i
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		1	1
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions $N/A$	1b_		
	Organizations relying on a current notice regarding disaster assistance, check here			1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1
	before the first day of the tax year beginning in 2018?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	i		ļ
	before 2018?			
	If "Yes," list the years - ,,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	-		
	statement - see instructions.) N/A	2b_		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
3a		1		
	during the year?			
b	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		-	- 1
	Form 4720, to determine if the foundation had excess business holdings in 2018 ) N/A	3b_	<u> </u>	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u>-</u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b_	<u></u> _	X
	F.	orm <b>99</b> 0	J-PF	(2018)

_	Compensation of five highest-paid employees (other than those inc	Luded on line 1). 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 account, other allowances
_	NONE				
_					
_					
_					
_					
_		_			
T	otal number of other employees paid over \$50,000	<del> </del>		<b></b>	С

Form **990-PF** 

3 Five highest-paid independent contractors for professional services. If none, ento	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<del></del>		
Total number of others receiving over \$50,000 for professional services	I	<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stigal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0
<del></del>		Form <b>990-PF</b> (2018

P	art X Minimum Investment Return (All domestic foundations	must complete this pa	ırt Foreign four	ndations, see	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes:			
а	Average monthly fair market value of securities		į	1a	277,815. 41,546.
b	Average of monthly cash balances		ĺ	1b	41,546.
С	Fair market value of all other assets		ĺ	1c	
d	Total (add lines 1a, b, and c)		ĺ	1d	319,361.
е	Reduction claimed for blockage or other factors reported on lines 1a and		Ì		
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	319,361.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	it, see instructions)		4	4,790.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and c	on Part V, line 4	[	5	314,571.
6	Minimum investment return Enter 5% of line 5	·		6	15,729.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this part		ng foundations an	ıd certain	
1	Minimum investment return from Part X, line 6	·		1	15,729.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	246.		
b	Income tax for 2018. (This does not include the tax from Part VI)	2b			
_	Add lines 2a and 2b			2c	246.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	15,483.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	15,483.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Par	rt XIII. line 1	ì	7	15,483.
	art XII Qualifying Distributions (see instructions)	e zzin, mio			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	14,300.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the.				·
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)		[	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; a	and Part XIII, line 4	[	4	14,300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	restment			
	income Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		[	6	14,300.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether	r the foundation o	ualifies for th	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

<del></del>				
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	Обіраз	rears prior to 2017	2017	2010
line 7				15,483.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
<b>b</b> Total for prior years:				1
		0.		
3 Excess distributions carryover, if any, to 2018:	}			
<b>a</b> From 2013				
<b>b</b> From 2014				
c From 2015				
d From 2016 2, 468.				
e From 2017 1,367.				——————————————————————————————————————
f Total of lines 3a through e	3,835.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 14,300.			_	
a Applied to 2017, but not more than line 2a			<u> </u>	
<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.		<del>-</del>	11.000
d Applied to 2018 distributable amount				14,300.
e Remaining amount distributed out of corpus	0.		·	1 100
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	1,183.			1,183.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,652.			
<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.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line		j		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
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)	0.			<u> </u>
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.	<del>-</del>		
9 Excess distributions carryover to 2019	2 (52			
Subtract lines 7 and 8 from line 6a	2,652.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016 1,285. d Excess from 2017 1,367.		ļ		
e Excess from 2018				<u> </u>

823581 12-11-18

Form **990-PF** (2018)

	I & KING HI RICE HIRSH	FEINSTEIN	TION	13-39	87114 Page 10
Part XIV Private Operating F			l-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2018, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found	ation is a private operatii	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		ĺ
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for		}	1		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d 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					
<ul> <li>Complete 3a, b, or c for the alternative test relied upon:</li> <li>a "Assets" alternative test - enter.</li> </ul>					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				)	
c "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					
(4) Gross investment income					
Part XV   Supplementary Info			if the foundation	on had \$5,000 or mo	ore in assets
at any time during t		ructions.)			
Information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more		ributions received by t	he foundation before the clos	se of any tax
PATRICE FEINSTEIN					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large po	rtion of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribution Check here ➤ X if the foundation of the foundation makes gifts, grants, etc.,	nly makes contributions	to preselected charitable	organizations and doe		ests for funds. If
a The name, address, and telephone num PATRICE FEINSTEIN	ber or email address of t				
2824 ELLICOTT STREET		N, DC 20008			
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they s	nould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	kinds of institutions, o	or other factors:	

Form 990-PF (2018) C/O PATRICE HIRSH FEINSTEIN

13-3987114 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year DIDI HIRSCH MENTAL HEALTH SERVICES 4760 SOUTH SEPULVEDA BLVD CULVER CITY, CA 90230 10,000. TEMPLE SINAI 3100 MILITARY ROAD, NW WASHINGTON DC 20015 1,200. COMPASSION AND CHOICES 101 SW MADISON STREET #8009 500. PORTLAND, OR 97207 PLANNED PARENTHOOD 123 WILLIAM STREET, 10TH FL 800, NEW YORK NY 10038 SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY AL 36104 800. SEE CONTINUATION SHEET(S) Total ➤ 3a 14,300. b Approved for future payment NONE Total

Form 990-PF (2018)

Part XVI-A Analysis of Income-Producing Activities

·					<del></del>
Enter gross amounts unless otherwise indicated.	(a) Business	d business income (b) Amount	(C) Exclu- sion	ded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7,11104111	code	Amount	Tunction income
a			ļ		
b			-	<del></del>	
C				_	
d				<u>-</u>	
e				· <del></del> :	
1				<del></del>	
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities		·-·	14	12,775.	
5 Net rental income or (loss) from real estate.				<del></del>	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	428.	,
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C			İ		
d			İ	· <del>-</del> · <del>-</del>	
e	<del></del>				122
12 Subtotal Add columns (b), (d), and (e)		0.		13,203.	0.
13 Total Add line 12, columns (b), (d), and (e)					13,203.
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
	- N A			1.0	
Part XVI-B Relationship of Activities t	o tne Acco	mplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contrib	outed importantly to the accor	nolishment of
▼ the foundation's exempt purposes (other than				,	
				· <del>-</del> .	
		,			
					· ·
	····				
	· · · · · · · · · · · · · · · · · · ·	- "			
				<del> </del>	
-		· · · · · · · · · · · · · · · · ·			<del>- · · · · · · · · · · · · · · · · · · ·</del>
	<del></del>				
				· -	<del></del> -
		<del></del> -			
		<del></del>			<del></del>
		<del></del>			
	<u>-</u> -	<del></del>		<del></del>	
		<del></del>			

orm 990	-PF (20	018) C/O P.	ATRICE H	I <u>IRSH</u> FE	INSTEIN		<u> 13-398</u>	<u>71</u> 14	Pa	ge 13
Part >			egarding Tra		nd Transactions a	nd Relationsh				
1 Did	the org	anization directly or indir	rectly engage in ar	ny of the followin	g with any other organization	on described in section	on 501(c)		Yes	No
(oth	er than	section 501(c)(3) organ	nzations) or in sec	tion 527, relating	g to political organizations?					
•		rom the reporting founda								1
	Cash				•			1a(1)		Х
	Other	accetc						1a(2)		X
		actions:						1.2(2)		<del></del> _
			bla avamat arasaı	zation				1b(1)		X
٠,		of assets to a noncharital						1b(2)		X
		ases of assets from a not		it organization						X
		of facilities, equipment,						1b(3)		
		ursement arrangements						1b(4)		X
, ,		or loan guarantees						1b(5)		X
, ,		mance of services or me						1b(6)		X
	-	facilities, equipment, ma						1c_		X
or s	ervices umn (d)		oundation. If the fo	oundation receivervices received.	edule. Column (b) should all ed less than fair market valu e exempt organization	ue in any transaction		show in		ents
				N/A						
		<del></del> -								
					'					
	_	•••••••••••••••••••••••••••••••••••••••								
		***************************************								
ın s	ection	dation directly or indirec 501(c) (other than section mplete the following sch	on 501(c)(3)) or in		or more tax-exempt organ		1	Yes	[X	] No
		(a) Name of org	janization		(b) Type of organization	1 (	(c) Description of relation	ship		
		N/A								
_				•						
_		·· <del>-</del> ·								
_			_							
Sign Here	and be	lief, it strue correct, and cor	mplete Declaration of		ng accompanying schedules and in taxpayer) is based on all inform	mation of which preparer  Trus	has any knowledge	tay the IRS sturn with the nown below X Yes	ne prepar /? See in	rer
	j oign	Ature of officer or trustee		Dranavaria a	Date	Title Date, /	Check If PTIN			
		Print/Type preparer's na	anne	Preparer's s		/ /	self- employed			
Dم: ما			n.nn	four	M fenne	1/21/2020	, ,	00456		
Paid		JOAN M.REN			RENNER CPA			0456		
Prepa Use (		Firm's name ► REN	INER AND	COMPANY	C, CPA, P.C		Firm's EIN ► 54-1	4989	150	
	-	Firm's address ▶ 70	0 NORTH	FATRFAX	ST. SUITE 4	100		_		

Phone no. 703-535-1200

VA 22314

## THE DIDI & KING HIRSCH FOUNDATION

13-3987114 C/O PATRICE HIRSH FEINSTEIN

Grants and Contributions Paid During the Y	1 1/2 1 1 1 1		<del>-</del>	_
Recipient (home or home  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)	or substantial contributor	recipient		
ACLU FDN				
915 15TH STREET, NW				_
WASHINGTON, DC 20005				8
DC RAPE CRISIS CENTER				
5321 1ST PLACE, NE				
WASHINGTON, DC 20011				2
		j		
	.			
	<u> </u>			
			ı	
•				
	1			
Total from continuation sheets		_		1,0

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE DIDI & KING HIRSCH FOUNDATION C/O PATRICE HIRSH FEINSTEIN 13-3987114 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

I HA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

THE DIDI & KING HIRSCH FOUNDATION

Employer identification number

C/OP	ATRICE HIRSH FEINSTEIN		3-398/114
Part I	Contributors (see instructions) Use duplicate copies of Part I i	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICE FEINSTEIN  2824 ELLICOTT STREET  WASHINGTON, DC 20008-1019	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for

Name of organization

THE DIDI & KING HIRSCH FOUNDATION

C/O PATRICE HIRSH FEINSTEIN

Employer identification number

13-3987114

Part II Nonca	ash Property (see instructions) Use duplicate copies of F	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
		\$	
(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
			<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
3453 11-08-18			990, 990-EZ, or 990-PF) (2

	rganization		· ·	Employer identification number
	IDI & KING HIRSCH FOUNDA	TION		12 2007114
Part III	ATRICE HIRSH FEINSTEIN  Exclusively religious, charitable, etc., contribution	ns to organizations described in s	ection 501(c)(7), (8), or (10)	13-3987114 that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, characteristics.	arough (e) and the following line en	try For organizations	
	Use duplicate copies of Part III if additional sp	pace is needed	Teet is no year (Enter initially of	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
				<u> </u>
İ				· · · · · · · · · · · · · · · · · · ·
Ì		(e) Transfer of git	ft	
}	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee
			<u></u>	
			·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<del></del> !			<del></del>   <del></del>	
			—   — —	<del>.</del>
		(e) Transfer of git	ft '	
-	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee
			<del></del>	
			<del></del>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	<del></del>			
		(e) Transfer of git	ft	
	~	1710 4		
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.	·			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
	- <u></u> -			
-				
		(e) Transfer of git	it	
	Transferee's name, address, and	IZIP + 4	Relationship of tra	ansferor to transferee
Ì				
			- · · · · · · · · · · · · · · · · · · ·	
l				

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH	12,775	, (	12,775.	12,775.	12,775.
TO PART I, LINE 4	12,775.		12,775.	12,775.	12,775.
FORM 990-PF		ACCOUNTII	NG FEES	Sī	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	_	2,380.	900.	0.	0.
TO FORM 990-PF, PG 1,	, LN 16B	2,380.	900.	0.	0.
FORM 990-PF		TAX	ES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX FEES		150.	0.	0.	0.
TO FORM 990-PF, PG 1,	, LN 18	150.	0.	0.	0.
FORM 990-PF		OTHER E	XPENSES	នា	CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL BANK FEES	_	150.	0.	0.	0.
TO FORM 990-PF, PG 1,	, LN 23	150.	0.	0.	0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH	FMV	219,119.	314,529.
TOTAL TO FORM 990-PF, PART II, LINE	13	219,119.	314,529.