

Nonprofit Explorer

Research Tax-Exempt Organizations

DIDI HIRSCH PSYCHIATRIC SERVICE

CULVER CITY, CA 90230-4820 | TAX-EXEMPT SINCE JULY 1945

Full text of "Full Filing" for fiscal year ending June 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.*

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efile Public Visual Render **ObjectID: 202121369349301442 - Submission: 2021-05-16**

Form **990**

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization DIDI HIRSCH PSYCHIATRIC SERVICE		D Emp 95-1
Doing business as DIDI HIRSCH MENTAL HEALTH SERVICES		
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep (310
4760 SOUTH SEPULVEDA BOULEVARD		
City or town, state or province, country, and ZIP or foreign postal code CULVER CITY, CA 90230		G Gros

F Name and address of principal officer:
HOWARD GOLDMAN
4760 SOUTH SEPULVEDA BOULEVARD
CULVER CITY, CA 90230

- H(a)** Is this a group of subordinates?
H(b) Are all subordinates included?
If "No," attach
H(c) Group exempt

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.DIDIHIRSCH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 194

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE MENTAL HEALTH, SUBSTANCE USE DISORDER & SUICIDE PREVENTION SERVICES TO UNDERSER</u>	
2 Check this box <input type="checkbox"/>		
3 Number of voting members of the governing body (Part VI, line 1a)		
4 Number of independent voting members of the governing body (Part VI, line 1b)		
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		
6 Total number of volunteers (estimate if necessary)		
7a Total unrelated business revenue from Part VIII, column (C), line 12		
b Net unrelated business taxable income from Form 990-T, line 39		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 53,8
	9 Program service revenue (Part VIII, line 2g)	2:
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,1:
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3!
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,7!
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 653,923	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,3!
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,4!
19 Revenue less expenses. Subtract line 18 from line 12	4,6:	

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	44,18
	21 Total liabilities (Part X, line 26)	23,76
	22 Net assets or fund balances. Subtract line 21 from line 20	20,4
	Beginning of Current	

Part II **Signature Block**

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

Sign Here	Signature of officer	2021-05-14 Date
	HOWARD GOLDMAN CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ GREEN HASSON & JANKS LLP			Firm's EIN ▶
	Firm's address ▶ 700 SOUTH FLOWER STREET SUITE 3300 LOS ANGELES, CA 90017			Phone no. (3:)

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form 990 (2019)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SINCE 1942, DIDI HIRSCH MENTAL HEALTH SERVICES (DHMHS) HAS TRANSFORMED LIVES BY PROVIDING QUALITY USE AND SUICIDE PREVENTION SERVICES IN COMMUNITIES WHERE STIGMA OR POVERTY LIMITS ACCESS. OUR ROLE WHEN A GROUP OF WOMEN FUNDED PSYCHIATRIC CARE FOR FAMILIES DEVASTATED BY THE GREAT DEPRESSION. THE SPACE PROVIDED BY THE CEDARS OF LEBANON HOSPITAL, THESE PHILANTHROPIC PIONEERS ESTABLISHED THE FIRM HEALTH CLINIC OF ITS KIND IN LOS ANGELES. IN 1974, THE AGENCY WAS RENAMED IN HONOR OF SOCIAL WORKER HER HUSBAND, I. KINGDON HIRSCH, DONATED THE MATCHING FUNDS FOR IT TO BECOME A FEDERALLY-DESIGNATED HEALTH CENTER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 42,352,112 including grants of \$ 353,676) (Revenue :

DHMHS PROVIDES CARING OUTPATIENT AND RESIDENTIAL BEHAVIORAL HEALTHCARE SERVICES THROUGHOUT LOS ANGELES BUDGET OF \$54.4 MILLION, OVER 550 STAFF AND 300 VOLUNTEERS AND DELIVERING SERVICES IN NEIGHBORHOODS FROM LA AND MACARTHUR PARK THE AGENCY SERVED OVER 159,000 CHILDREN, FAMILY MEMBERS, ADULTS AND OLDER ADULTS TH LOCATIONS AND ALMOST 85 SCHOOLS. BY DOING SO, DHMHS HAS RESPONDED TO A SIGNIFICANT NEED AS MORE THAN 85% SUBSTANCE USE CLIENTS SERVED LIVE AT OR BELOW THE POVERTY LEVEL. OUTPATIENT SERVICES - DHMHS OFFERS INDIVIDUAL COUNSELING; PSYCHIATRIC MEDICATION MANAGEMENT; AND CASE MANAGEMENT FOR ADULTS AND CHILDREN. INTENSIVE SERVICES EXPERIENCING SEVERE MENTAL ILLNESS IN COMMUNITY, HOME, AND CLINIC SETTINGS. ON THE CAMPUSES OF ALMOST 85 S STUDENTS ADDRESS EMOTIONAL AND BEHAVIORAL CHALLENGES AND SUCCEED IN THEIR STUDIES. CLIENTS ALSO WORK THROUGH PARTICIPATION IN PEER-LED SUPPORT GROUPS, CLASSES, AND RECREATIONAL ACTIVITIES. THE AGENCY ALSO BR FROM LOCAL FEDERALLY QUALIFIED HEALTH CENTERS ON SITE TO IMPROVE CLIENTS' ACCESS TO OTHER HEALTH SERVICES. (HIRSCH MENTAL HEALTH SERVICES IS LOS ANGELES COUNTY'S LONGEST SERVING PROVIDER OF CRISIS RESIDENTIAL TREAT RESIDENCES, JUMP STREET AND EXCELSIOR HOUSE. THROUGH OUR SHORT-TERM PROGRAM, MEN AND WOMEN IN PSYCHIAT HOMELESS OR AT-RISK OF BECOMING HOMELESS REGAIN STABILITY AND IMPROVE THEIR MENTAL HEALTH AND LIVING SITU SERVICES - AS THE FIRST MENTAL HEALTH PARTNER IN THE LOS ANGELES CHILD ABDUCTION TASK FORCE ESTABLISHED IN

ABDUCTED YOUTH REUNITE WITH THEIR FAMILIES AFTER BEING RECOVERED. OUR AGENCY ALSO PROVIDES SPECIALIZED FC AND TREAT CHILDREN WHO HAVE EXPERIENCED TRAUMA AND ABUSE. MANY OF THESE CHILDREN ARE FIVE-YEARS-OLD AND TO FIVE PROGRAM WE HELP AT-RISK FAMILIES WITH YOUNG CHILDREN DEVELOP POSITIVE RELATIONSHIPS THAT LAY THE FC SPECIALIZED PROGRAMS IN SOUTH LOS ANGELES, INGLEWOOD AND THE MACARTHUR PARK NEIGHBORHOODS PROVIDE SUF AND HEALING TO YOUTH RECOVERING FROM THE HARROWING, SOLITARY JOURNEYS THAT TOOK THEM FROM FORMER WAR-T AMERICA - MANY OF WHICH ARE STILL MARKED BY SIGNIFICANT VIOLENCE AND LAWLESSNESS - TO THE UNITED STATES. AI PROGRAM TAILORED TO YOUTH AGES 15-24 UTILIZES THERAPY AND MEDICATION TO HELP YOUNG PEOPLE MANAGE THEIR IL PURSUING AND ATTAINING THEIR EDUCATIONAL AND EMPLOYMENT GOALS. BECAUSE OF ITS COMMITMENT TO CUTTING-EDG PRACTICES, DIDI HIRSCH MENTAL HEALTH SERVICES IS AN ACTIVE AND CONTRIBUTING MEMBER OF THE NATIONAL CHILD T (NCTSN). SUICIDE PREVENTION - WITH CONTRACTS FROM STATE OF CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES, I COUNTY, THE SUICIDE PREVENTION CENTER (SPC) OPERATES THE OLDEST 24/7 SUICIDE PREVENTION CRISIS LINE IN THE N SERVICES AND SUPPORT OF ENGLISH- AND SPANISH-SPEAKING COUNSELORS AVAILABLE AT ALL TIMES AND KOREAN-SPEAK HOURS. IN CALENDAR YEAR 2019, THROUGH THIS HOTLINE AS WELL AS THE DISASTER DISTRESS HELPLINE AND SPC CHAT I CALLS, CHATS AND TEXTS FROM DISTRESSED INDIVIDUALS OR LOVED ONES CONCERNED ABOUT THEM. STAFF AND VOLUNT TRAINING AT SCHOOLS, LAW ENFORCEMENT AGENCIES, HOSPITALS, COUNSELING CENTERS, AND PLACES OF WORSHIP. OUR IMMEDIATE SUPPORT AT THE SCENE OF SUICIDES THROUGH A PARTNERSHIP WITH THE LOS ANGELES MAYOR'S CRISIS RESP LOST A LOVED ONE TO SUICIDE, SPC PROVIDES BEREAVEMENT SUPPORT GROUPS AND TELEPHONE COUNSELING. IT ALSO OI INDIVIDUALS WHO HAVE ATTEMPTED SUICIDE. THIS SUPPORT GROUP CURRICULUM FOR SURVIVORS OF SUICIDE ATTEMPTS REGISTRY AND REQUESTED 1742 TIMES BY THOSE WORKING WITH SURVIVORS IN ALL 50 STATES AND AN ADDITIONAL 33 N 200 FACILITATORS FROM 23 STATES IN OUR MODEL.

4b (Code:) (Expenses \$ 3,071,015 including grants of \$) (Revenue : DHMHS OFFERS SUBSTANCE USE DISORDER TREATMENT PREVENTION COUNSELING IN OUR COMMUNITY-BASED CLINICS ANI ADULTS WITH DRUG- AND ALCOHOL-RELATED PROBLEMS, INCLUDING FORMERLY HOMELESS INDIVIDUALS IN LOS ANGELES (KNOWN AS PROJECT 50.CLIENT ENGAGEMENT AND SERVICES CENTER (CENS)THROUGH THE CENS SYSTEM, DHMHS SERVES . INDIVIDUALS INVOLVED WITH STATE, COUNTY, CITY AND HOSPITAL PARTNERS (E.G., COURTS, PROBATION SYSTEM) AND SPE OUR COUNSELORS ENGAGE AND FACILITATE LINKAGE OF THESE INDIVIDUALS WITH SUBSTANCE USE TREATMENT SERVICES RESIDENTIAL TREATMENT - THROUGH THE AGENCY'S VIA AVANTA PROGRAM, WOMEN ARE ABLE TO RECOVER FROM SERIOUS MENTAL ILLNESS IN A SAFE, SUPPORTIVE LIVING ENVIRONMENT. WOMEN AND THEIR CHILDREN BENEFIT FROM INDIVIDUAL, COUNSELING SESSIONS; PSYCHIATRIC TREATMENT; PARENTING CLASSES; AND OTHER ACTIVITIES DESIGNED TO MAINTAIN EMPLOYMENT AND LIFE SKILLS. CHILDREN UNDER THE AGE OF SIX WHO LIVE WITH THEIR MOTHERS ON SITE TAKE PART IN I ACTIVITIES.

4c (Code:) (Expenses \$ 300,049 including grants of \$) (Revenue : EMPLOYMENT AND HOUSING SERVICES - THROUGH OUR CALWORKS PROGRAM, DHMHS SUPPORTS CLIENTS IN THEIR JOB SE INDIVIDUALS REFERRED FOR SERVICES GAIN EMPLOYMENT. CLIENTS ARE ALSO ASSISTED WITH SECURING SAFE AND ACCES HOUSING SPECIALISTS, WHO ADVOCATE ON THEIR BEHALF WITH HOUSING AGENCIES AND LANDLORDS AND VISIT PROSPEC THEM.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 45,723,176

Form 990 (2019)

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability: serve as a custodian for the account?

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowment permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, or X as applicable.
 - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IX, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's officers and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 on the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*
- 26** Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*
- 27** Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
 - a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c** A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or Part V, line 1*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*
- 38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a	
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- b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b	
-----------	--
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

Tax statements, filed for the calendar year ending with or within the year covered by this return

2a	
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FI

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
-----------	--

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

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

a Initiation fees and capital contributions included on Part VIII, line 12

10a	
------------	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
------------	--

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

11a	
------------	--

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b	
------------	--

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12b	
------------	--

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b	
------------	--

c Enter the amount of reserves on hand

13c	
------------	--

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

- 15** Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.
- 16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions
Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

- | | | |
|--|-----------|--|
| 1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | |
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?
 - 3** Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person?
 - 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was file
 - 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
 - 6** Did the organization have members or stockholders?
 - 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?
 - b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?
 - 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:
 - a** The governing body?
 - b** Each committee with authority to act on behalf of the governing body?
 - 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*

Section B. Policies (This Section B requests information about policies not required by the Internal

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13*
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could gaver conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," descri Schedule O how this was done*
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by indepe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a** The organization's CEO, Executive Director, or top management official
 - b** Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c) only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ HOWARD GOLDMAN 4760 SOUTH SEPULVEDA BOULEVARD CULVER CITY, CA 90230 (310) 390-6612

Form 990 (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or without the year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of whether they received reportable compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$10,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	R cor fr or (V
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(1) KITA S CURRY PHD PRESIDENT/CEO	40.00			X				369,868	
(2) HOWARD GOLDMAN CHIEF FINANCIAL OFFICER	40.00			X				244,372	
(3) LYN MORRIS SENIOR VP, CLINICAL OPERATIONS	40.00				X			219,693	
(4) DONALD MELAND	40.00								

ASSOC. MEDICAL DIRECTOR						X				324,192
(5) DONOVAN WONG MEDICAL DIRECTOR	40.00					X				313,746
(6) ANDREW R DOW ASSOC. MEDICAL DIRECTOR	40.00					X				296,583
(7) RICHARD CIASCA MEDICAL DIRECTOR	40.00					X				272,776
(8) INESSA ESSAIAN MEDICAL DIRECTOR	40.00					X				257,718
(9) CHRISTOPHER J HARRER CHAIR	1.00	X		X						0
(10) CARLOS E GARCIA IMMEDIATE PAST CHAIR	1.00	X		X						0
(11) MARTIN J FRANK VICE CHAIR	1.00	X		X						0
(12) PAMELA KLUFT VICE CHAIR (UNTIL OCT. 2019)	1.00	X		X						0
(13) MICHAEL C WIERWILLE EXECUTIVE VICE CHAIR/TREASURER	1.00	X		X						0
(14) CHARLOTTE FLETCHER PHD SECRETARY (UNTIL MARCH 2020)	1.00	X		X						0
(15) THOMAS J HAN DDS FACD BOARD MEMBER (UNTIL MARCH 2020)	1.00	X								0
(16) JANINE B LICHSTEIN BOARD MEMBER (UNTIL MARCH 2020)	1.00	X								0
(17) GAIL KAMER LIEBERFARB BOARD MEMBER	1.00	X								0

Form 990 (2019)

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	R cor fr org (V
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) LAURA ORNEST BOARD MEMBER	1.00	X						0	

BOARD MEMBER										
(19) ANDREW E RUBIN	1.00	X								0
BOARD MEMBER										
(20) SARA J RUTENBERG	1.00	X								0
BOARD MEMBER										
(21) CHERI RENFROE YOUSEM	1.00	X								0
BOARD MEMBER										
(22) WILLIAM D LIPPINCOTT	1.00	X								0
BOARD MEMBER										
(23) MELISSA RIVERS	1.00	X								0
BOARD MEMBER										
(24) NANCY HIRSCH RUBIN	1.00	X								0
BOARD MEMBER										

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									2,298,948	

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 36**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employ line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual f services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of
ALL ACTION SECURITY PO BOX 4195 CHATSWORTH, CA 91313	SECURITY SERVICES
KINGS VIEW CENTRAL VALLEY SUICIDE PREVEN 4910 E ASHLAN AVENUE SUITE 118 FRESNO, CA 93729	SUICIDE PREVENTIO SUBCONTRA
WELLSPACE HEALTH 777 12TH STREET SUITE 250 SACRAMENTO, CA 96814	SUICIDE PREVENTIO SUBCONTRA
INTEGRATED TELEMANAGEMENT SVC PO BOX 188 SIMI VALLEY, CA 93062	TELEPHONE MANAGE SERVICES
KERN BEHAVIORAL HEALTH & RECOVERY PO BOX 1000 BAKERSFIELD, CA 93302	SUICIDE PREVENTIO SUBCONTRA

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 from the organization **▶**

Form 990 (2019)

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	Un bu re
Contributions, Gifts, Grants and Other Similar Amounts	erated campaigns	1a		
	mbership dues	1b		
	draising events	1c		
	854,807			
	ited organizations	1d		
	ernment grants (contributions)	1e		
	0,672,636			
ther contributions, gifts, grants, and similar amounts not included above	1f			
2,448,703				
g Noncash contributions included in lines 1a - 1f:\$	1g			
79,268				
h Total. Add lines 1a-1f				▶ 53,976,146

Program Service Revenue		Business Code			
2a	PATIENT FEES	900099	93,631	93,631	
	SEMINARS	900099	13,154	13,154	
	:				
	:				
	:				
f	All other program service revenue.				
9 Total.	Add lines 2a-2f.				▶ 106,785

3	Investment income (including dividends, interest, and other similar amounts)		613		
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(i) Real			
		(ii) Personal			
b	Less: rental expenses	6b			
c	Rental income or (loss)	6c			

d Net rental income or (loss) ▶				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7a			
	7b			
b Less: cost or other basis and sales expenses	7b			
c Gain or (loss)	7c			
d Net gain or (loss) ▶				
8a Gross income from fundraising events (not including \$ <u>854,807</u> of contributions reported on line 1c). See Part IV, line 18	8a	251,974		
	8b	251,974		
	c Net income or (loss) from fundraising events ▶		0	
9a Gross income from gaming activities. See Part IV, line 19	9a			
	9b			
	c Net income or (loss) from gaming activities ▶			
10a Gross sales of inventory, less returns and allowances	10a			
	10b			
	c Net income or (loss) from sales of inventory ▶			
Miscellaneous Revenue	Business Code			
11a OTHER INCOME	900099	52,944		
b				
c				
d All other revenue				
e Total. Add lines 11a-11d ▶		52,944		
12 Total revenue. See instructions ▶		54,136,488	106,785	

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Manag gener
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	353,676	353,676	
3 Grants and other assistance to foreign organizations, foreign governments and foreign individuals. See Part IV lines 15			

governments, and foreign individuals. See Part IV, lines 25 and 16.			
4 Benefits paid to or for members			
5 Compensation of current officers, directors, trustees, and key employees	884,524		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
7 Other salaries and wages	31,880,027	28,741,941	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	712,439	655,627	
9 Other employee benefits	3,333,207	2,982,643	
10 Payroll taxes	2,412,597	2,145,045	
11 Fees for services (non-employees):			
a Management			
b Legal	107,627		
c Accounting	80,004		
d Lobbying			
e Professional fundraising services. See Part IV, line 17			
f Investment management fees			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,451,177	3,882,822	
12 Advertising and promotion	48,942	25,848	
13 Office expenses	987,410	716,847	
14 Information technology	851,521	747,154	
15 Royalties			
16 Occupancy	2,694,138	2,572,375	
17 Travel	182,750	96,518	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 Conferences, conventions, and meetings	55,960	29,555	
20 Interest	531,696	492,210	
21 Payments to affiliates			
22 Depreciation, depletion, and amortization	1,576,438	1,509,478	
23 Insurance			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a CLIENT SERVICES	264,267	264,267	
b EXPENDITURES EQUIP.	223,712	199,376	
c RECRUITING & HIRING	197,766	104,449	
d PUBLICATIONS AND SUBSCR	75,572	39,913	
e All other expenses	181,165	163,432	
25 Total functional expenses. Add lines 1 through 24e	52,086,615	45,723,176	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

Form 990 (2019)

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year
Assets	1 Cash-non-interest-bearing	253,815
	2 Savings and temporary cash investments	2,565,305
	3 Pledges and grants receivable, net	3,460,874
	4 Accounts receivable, net	7,447,057
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
	7 Notes and loans receivable, net	
	8 Inventories for sale or use	
	9 Prepaid expenses and deferred charges	570,086
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	44,847,075
	b Less: accumulated depreciation	15,761,804
	11 Investments—publicly traded securities	
	12 Investments—other securities. See Part IV, line 11	
	13 Investments—program-related. See Part IV, line 11	
	14 Intangible assets	
	15 Other assets. See Part IV, line 11	74,515
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,182,722	
Liabilities	17 Accounts payable and accrued expenses	7,505,099
	18 Grants payable	
	19 Deferred revenue	252,516
	20 Tax-exempt bond liabilities	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
	23 Secured mortgages and notes payable to unrelated third parties	16,007,775
	24 Unsecured notes and loans payable to unrelated third parties	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	
	26 Total liabilities. Add lines 17 through 25	23,765,390
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	
	27 Net assets without donor restrictions	16,609,252
	28 Net assets with donor restrictions	3,808,080
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	
	29 Capital stock or trust principal, or current funds	
	30 Paid-in or capital surplus, or land, building or equipment fund	
	31 Retained earnings, endowment, accumulated income, or other funds	
32 Total net assets or fund balances	20,417,332	
33 Total liabilities and net assets/fund balances	44,182,722	

Form 990 (2019)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

- 1 Total revenue (must equal Part VIII, column (A), line 12)
- 2 Total expenses (must equal Part IX, column (A), line 25)
- 3 Revenue less expenses. Subtract line 2 from line 1
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
- 5 Net unrealized gains (losses) on investments
- 6 Donated services and use of facilities
- 7 Investment expenses
- 8 Prior period adjustments
- 9 Other changes in net assets or fund balances (explain in Schedule O)
- 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Additional Data

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

[↑ Back to Top](#)

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ObjectID: 202121369349301442 - Submission: 2021-05-16

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employer 95-18160
--	-----------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iv)**. Enter the name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(v)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(vi)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(viii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, members, or volunteers; (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired after 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See instructions. Enter the name, city, and state of the supported organization(s) in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), or by a person or persons who are not officers, directors, or trustees of the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s) or managed by the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functional integration with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) but not functionally integrated. The organization generally must satisfy a distribution requirement and an asset protection requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Am monetary (see instructions)
			Yes	No	
Total					

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e). Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e). Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sector check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage for 2018 Schedule A, Part II, line 14
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and instructions

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e). Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e). Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 15 Public support percentage for 2019; 16 Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Description. Rows include: 17 Investment income percentage for 2019; 18 Investment income percentage from 2018 Schedule A, Part III, line 17; 19a 33 1/3% support tests—2019.

more than 33 1/3%. check this box and stop here. The organization qualifies as a publicly supported organization

- more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions on **Schedule A**.

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12b of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" checked 12a or 12b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite not being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, any entity in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine the organization had excess business holdings).*

Schedule A

Page 5

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part V*

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's act the organization had more than one supported organization, describe how the powers to appoint and/or remove or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing a benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or officers of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization.*

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant influence on the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**s**)
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity.
- 2** Activities Test. **Answer (a) and (b) below.**
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities*

constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reason the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in detail in Part VI). **Instructions.** All other Type III non-functionally integrated supporting organizations must complete Section A.

Section A - Adjusted Net Income		(A) Prior Year
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency	6	

6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III support organization (see instructions)

Schedule A

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

- 1** Amounts paid to supported organizations to accomplish exempt purposes
- 2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3** Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4** Amounts paid to acquire exempt-use assets
- 5** Qualified set-aside amounts (prior IRS approval required)
- 6** Other distributions (describe in **Part VI**). See instructions
- 7 Total annual distributions.** Add lines 1 through 6.
- 8** Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions
- 9** Distributable amount for 2019 from Section C, line 6
- 10** Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019
1 Distributable amount for 2019 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2019:		
a From 2014.		
b From 2015.		
c From 2016.		
d From 2017.		
e From 2018.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7: \$		
a Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		

Breakdown of line 7.		
a	Excess from 2015.	
b	Excess from 2016.	
c	Excess from 2017.	
d	Excess from 2018.	
e	Excess from 2019.	

Schedule A

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A

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Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

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

Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE	En 95
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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.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions (money or other property) from any one contributor. Complete Parts I and II. See instructions for details.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II received from any one contributor, during the year, total contributions of the greater of (i) \$5,000 or (ii) 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 during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, educational, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions for the prevention of cruelty to children or animals. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it is a 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B**

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employer ID 95-18160
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		

		f/a
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		f/a
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		f/a
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		f/a
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		f/a

Schedule E

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employer identific 95-1816023
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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)
-		f/a
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		f/a

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		

Schedule E

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employer 95-181602
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De
-			
		(e) Transfer of gift	
Transferee's name, address, and ZIP 4		Relationship of transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De
-			
		(e) Transfer of gift	
Transferee's name, address, and ZIP 4		Relationship of transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De

				(e) Transfer of gift	
		Transferee's name, address, and ZIP 4		Relationship of transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Date
				(e) Transfer of gift	
		Transferee's name, address, and ZIP 4		Relationship of transferee	

Schedule B (Form

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employer id 95-1816023
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are organization's property, subject to the organization's exclusive legal control?		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important building or structure |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement.

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held a
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
 Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide following amounts required to be reported under FASB ASC 958 relating to these items:
 - a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D **Sch**

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant items (check all that apply):
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	A
c Beginning balance	1c

- Beginning balance	
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye
1a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations
- (ii)** Related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Pa

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land		9,789,587	
b Buildings		27,272,930	10,076,515
c Leasehold improvements			
d Equipment		7,308,997	5,464,905
e Other		475,561	220,384

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

Sch

Schedule D (Form 990) 2019

Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(F)		

(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X

(a) Description of investment	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990

1. (a) Description of liability
(1) Federal income taxes
(2)
(3)
(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements regarding the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been

Sch

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	497,685	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	497,685	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	DIDI HIRSCH RECOGNIZES THE IMPACT OF TAX POSITIONS IN THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED TECHNICAL MERITS OF THE POSITION. DURING THE YEAR END PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS A THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS THAT WOULD AFFECT ON ITS TAX EXEMPT STATUS

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efile Public Visual Render		ObjectID: 202121369349301442 - Submission: 2021-05-16	
SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities	
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if t organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE			Empl 95-18

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part I Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government gra |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustee or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pai (or retained t fundraiser liste col. (i)
		Yes	No		

Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H **Sci**

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other ev
		LEADERSHIP AWARD (event type)	ALIVE & RUNNING (event type)	(total num
Revenue	1 Gross receipts	615,501	491,280	
	2 Less: Contributions	503,314	351,493	
	3 Gross income (line 1 minus line 2)	112,187	139,787	
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs	16,562	22,295	
	7 Food and beverages			
	8 Entertainment	9,197	4,970	
	9 Other direct expenses	86,428	112,522	
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
	11 Net income summary. Subtract line 10 from line 3, column (d)			

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other ga

Direct Expenses	1 Gross revenue			
	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
6 Volunteer labor				
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d).				

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states?
- b** If "No," explain: _____

- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .
- b** If "Yes," explain: _____

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Schedule G (Form 990 or 990-EZ) 2019

- 11** Does the organization conduct gaming activities with nonmembers?
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
- 13** Indicate the percentage of gaming activity conducted in:
- a** The organization's facility
- b** An outside facility
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and
- Name ► -----
- Address ► -----
- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:
- Name ► -----
- Address ► -----
- 16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.

Return Reference	Explanation
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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
DIDI HIRSCH PSYCHIATRIC SERVICE

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) nonc
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

(10)						
(11)						
(12)						
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					
3	Enter total number of other organizations listed in the line 1 table					

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Cat. No. 50055P

Schedule I (Form 990) 2019

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
(1) INTERNS-BEA STERN FUND	1	5,000		
(2) FLEXIBLE FUND - HOUSING	165	0	348,676	BOOK FOOD, RE CLIENTS
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional

Return Reference	Explanation
PART I, LINE 2:	A SCHOLARSHIP FUND COMMITTEE REVIEWS CANDIDATE APPLICATIONS AND APPROVES UP TO TWO INTERNSHIPS EACH EXPENSES ARE REIMBURSED FROM FUNDS SPECIFICALLY SET ASIDE BY LA COUNTY DMH FOR HOUSING AND OTHER NON APPROVAL AND MONITORING SYSTEM IS IN PLACE FOR THE FLEXIBLE FUND AND SCHOLARSHIP FUND.

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efile Public Visual Render	ObjectID: 202121369349301442 - Submission: 2021-05-16	TIN: 95-1816023
Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<p>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</p> <p>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</p> <p>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</p>	<p>2019</p> <p>Open to Public Inspection</p>
Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE		Employer identification number 95-1816023

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the		

organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) a

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Total
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1 KITA S CURRY PHD PRESIDENT/CEO	(i)	339,868	30,000	0	14,000	
	(ii)	0	0	0	0	
2 HOWARD GOLDMAN CHIEF FINANCIAL OFFICER	(i)	224,372	20,000	0	12,746	
	(ii)	0	0	0	0	
3 LYN MORRIS SENIOR VP, CLINICAL OPERATIONS	(i)	219,693	0	0	0	
	(ii)	0	0	0	0	
4 DONALD MELAND ASSOC. MEDICAL DIRECTOR	(i)	324,192	0	0	14,000	
	(ii)	0	0	0	0	
5 DONOVAN WONG MEDICAL DIRECTOR	(i)	313,746	0	0	5,792	
	(ii)	0	0	0	0	
6 ANDREW R DOW ASSOC. MEDICAL DIRECTOR	(i)	296,583	0	0	14,000	
	(ii)	0	0	0	0	
7 RICHARD CIASCA MEDICAL DIRECTOR	(i)	272,776	0	0	13,639	
	(ii)	0	0	0	0	
8 INESSA ESSAIAN MEDICAL DIRECTOR	(i)	257,718	0	0	13,618	
	(ii)	0	0	0	0	

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete th

Return Reference	Explanation
PART I, LINE 7	THE ORGANIZATION PIAD DISCRETIONARY BONUSES APPROVED BY THE BOARD IN RECOGNITION OF THE WORK D CENTER BUILDING AND CAPITAL CAMPAIGN TO FRUITION.

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SCHEDULE M (Form 990)

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE	Employee 95-18160
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		79,268	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				

13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
----	--	----

- 30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b** If "Yes," describe the arrangement in Part II.
- 31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b** If "Yes," describe in Part II.
- 33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Schedule M (Form 990) (2019)
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-E

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

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
 Internal Revenue Service

Name of the organization DIDI HIRSCH PSYCHIATRIC SERVICE	Emplo 95-181
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	2019-20 EXECUTIVE COMMITTEE INCLUDED FOLLOWING PERSONS: CHRISTOPHER HARI IMMEDIATE PAST CHAIR CHARLOTTE FLETCHER, SECRETARY LEFT IN MARCH 2020 MAR PAMELA KLUFT, VICE CHAIR LEFT IN OCTOBER 2019 MICHAEL WIERWILLE, TREASURER
FORM 990, PART VI, SECTION A, LINE 2	NANCY HIRSCH RUBIN AND ANDREW RUBIN HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS REVIEWED BY THE BUDGET & FINANCE COMMITTEE OF TH COMMITTEE REPORTS ON ITS REVIEW AND RECOMMENDS APPROVAL OF THE RETURN OF THE BOARD OF DIRECTORS. PRIOR TO THIS MEETING, A COPY OF THE FORM 990 IS I BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 12C	AS A STANDARD PRACTICE, EVERY MEMBER OF THE BOARD OF DIRECTORS IS REQUIRE OF INTEREST FORM ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15	THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS PERFORMANCE AGENCY'S CEO, COO AND CFO ON AN ANNUAL BASIS AND REPORTS THEIR RECOMMEN SESSION OF THE BOARD. IN DETERMINING COMPENSATION, THE COMMITTEE REVIEWS BENEFIT INFORMATION OF PEER ORGANIZATIONS IN THE COMMUNITY. THIS INFORMATI INDEPENDENT COMPENSATION CONSULTANT WHO REVIEWS DATA FROM A NUMBER OF THE LATEST CENTER FOR NON-PROFIT MANAGEMENT'S COMPENSATION AND BENEFIT : ASSOCIATION OF COMMUNITY HUMAN SERVICE AGENCIES' (ACHSA) CEO SALARY SURV
FORM 990, PART VI, SECTION C, LINE 19	DIDI HIRSCH MENTAL HEALTH SERVICES SHARES ITS YEAR-END FINANCIAL STATEMENT OF ITS PUBLICATION OF THE AGENCY'S ANNUAL REPORT. IT DOES NOT PUBLISH GOVEF CONFLICT OF INTEREST POLICIES. THESE DOCUMENTS CAN BE MADE AVAILABLE UPON

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