Form **990-EZ** 

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019	
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Inte	rnal Reven	ue Service	Go to www.irs.gov/Form990EZ for inst	tructions and	the latest i	nformation.		
Α	For the	2019 calenda	r year, or tax year beginning	, 2019, an	d ending			, 20
в	Check if ap	pplicable:	C Name of organization			D Emplo	yer ident	ification number
х	Address ch	hange	EDUCATORS INSTITUTE FOR HUMAN RIGHTS	INC		27	-39410	18
	Name chai	nge	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Teleph	none num	ber
$\overline{\Box}$	Initial retur	'n						
		n/terminated	29 HUNT AVENUE			(7	16)525	-6058
	Amended I		City or town, state or province, country, and ZIP or foreign postal code			F Group	-	
	Application		HAMBURG, NY 14075			Numb		
		ing Method:	X Cash Accrual Other (specify) ►					e organization is <b>not</b>
	Website	•	eihr.org			required to		•
			check only one) - $\mathbf{X}$ 501(c)(3) $0$ 501(c)( ) $4$ (insert no.)	4947(a)(1)	or 527	•		or 990-PF).
_			X     Corporation     Trust     Association		JI 327	(10111 330	, <u>330-</u> LZ,	01 330-1 1 ).
		-	7b to line 9 to determine gross receipts. If gross receipts ar		more or if t			
							<b>•</b> •	100 100
			500,000 or more, file Form 990 instead of Form 990-EZ					170,176
	artl		e, Expenses, and Changes in Net Assets or					_
			he organization used Schedule O to respond to any					
	1		s, gifts, grants, and similar amounts received				1	170,176
	2	-	vice revenue including government fees and contracts				2	
	3		dues and assessments				3	
	4		ncome		$\cdot \cdot \cdot \cdot$		4	
			nt from sale of assets other than inventory		5a		-	
			other basis and sales expenses		5b			
	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b	from line 5a)		••••	5c	
	6	Gaming and	fundraising events:					
	a	Gross incom	e from gaming (attach Schedule G if greater than					
Revenue		\$15,000) .		. <b></b> . L	6a			
Sel	b	Gross incom	e from fundraising events (not including \$	of co	ntributions			
Å		from fundrais	sing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000)		6b			
	c	Less: direct (	expenses from gaming and fundraising events $\ldots$ .		6c			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a a	and 6b and sub	tract			
		line 6c)					6d	
	7a	Gross sales	of inventory, less returns and allowances		7a			
	b	Less: cost of	goods sold		7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line	7a)			7c	
	8	Other revenu	le (describe in Schedule O)				8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &				9	170,176
	10	Grants and s	imilar amounts paid (list in Schedule O)				10	
	11	Benefits paid	to or for members				11	
	12	Salaries, oth	er compensation, and employee benefits				12	53,529
Expenses	13	Professional	fees and other payments to independent contractors				13	28,308
ben	14	Occupancy,	rent, utilities, and maintenance				14	2,312
Щ	15	Printing, pub	lications, postage, and shipping				15	868
	16		ses (describe in Schedule O)				16	19,547
	17		<b>ses.</b> Add lines 10 through 16				17	104,564
	18		eficit) for the year (Subtract line 17 from line 9)				18	65,612
ŝts	19	,	r fund balances at beginning of year (from line 27, column )					,
SSE			igure reported on prior year's return)				19	2,159
Net Assets	20	•	es in net assets or fund balances (explain in Schedule O).				20	27255
ž	21	-	r fund balances at end of year. Combine lines 18 through 2				20	67,771
Fo			on Act Notice, see the separate instructions.		••••			Form <b>990-EZ</b> (2019)
EEA	Α		An Ast Motios, see the separate moliucions.					2019

	m 990-EZ (2019) EDUCATORS INSTITUTE		TS INC	27-3	941	018 Page 2
P	<b>Balance Sheets</b> (see the instructions for Pa	,				_
	Check if the organization used Schedule O to	o respond to any qu	estion in this Part I		•••	•••••
			-	(A) Beginning of year		(B) End of year
	Cash, savings, and investments		-	2,159		67 <b>,</b> 771
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
	Total assets		-	2,159	25	67 <b>,</b> 771
	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must			2,159	27	67 <b>,</b> 771
P	art III Statement of Program Service Accomplis			·		Expenses
	Check if the organization used Schedule O		uestion in this Part	$    \dots \dots \dots \dots   $	(Red	quired for section
Wł	nat is the organization's primary exempt purpose? SEE PAR	RT III STMT				(c)(3) and 501(c)(4)
De	scribe the organization's program service accomplishments for	or each of its three large	est program services,			anizations; optional for
	measured by expenses. In a clear and concise manner, descr				othe	-
per	rsons benefited, and other relevant information for each progra	am title.			ound	
28	EIHR IS A TRUSTED VOICE IN PROVIDING R	ESOURCES AND T	RAINING			
	ABOUT GENOCIDE AND THE HOLOCAUST.					
	(Grants \$ 160,748 ) If this amo	unt includes foreign gra	ints, check here	▶ 🗌	28a	104,564
29						
	(Grants \$) If this amo	unt includes foreign gra	ints, check here	► 🗌	29a	
30						
	(Grants \$) If this amo	unt includes foreign gra	ints, check here	• • • • •	30a	
31	Other program services (describe in Schedule O)			• • • • • • • • • <u>•</u> •		
	(Grants \$) If this amo	unt includes foreign gra	ints, check here	▶ 🗌	31a	
	Total program service expenses (add lines 28a through 3				32	
P	art IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not compe	ensated - see the instr	ructio	ons for Part IV)
	Check if the organization used Schedule O to resp	pond to any question in	this Part IV	••••	• • •	•••••
		(b) Average	(c) Reportable	(d) Health benefits,		(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	e	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
AN	DREW BEITER					
во	ARD PRESIDENT	2.00	0	C		0
	TE W ENGLISH					
EX	EC DIR	40.00	46,875	2,972		0
KE	LLEY SZANY					
во	ARD VICE PRESIDENT	1.00	0	C		0
JO	HN HEFFERNAN					
во	ARD TREASURER	1.00	0	C		0
AL	EXANDRA ZAPRUDER					
во	ARD SECRETARY	1.00	0	C		0
AL	FUERTES					
во	ARD MEMBER	1.00	0	0		0
					_	
					_	

Form 9	Description Descripti Description Description Description Description Descript	018	F	Page 3
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed <b>• NY</b>			
42 a	The organization's books are in care of <b>KATE W ENGLISH</b> Telephone no. <b>202-7</b>	46-2	332	
	Located at ► 1301 K STREET NW SUITE 300W, WASHINGTON, DC ZIP + 4 ► 20005			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44b		x
с	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		x
	· · · · · · · · · · · · · · · · · · ·			

Form 990-EZ (2019)

Form	990-EZ (2019) EDUCATORS INSTIT	UTE FOR HUMAN R	IGHTS INC	2	7-3941	018	F	Page 4
							Yes	No
46	Did the organization engage, directly or indirectly, in	n political campaign activi	ties on behalf of or in op	position				
	to candidates for public office? If "Yes," complete S					46		х
Pa	rt VI Section 501(c)(3) Organizations							
	All section 501(c)(3) organizations	must answer questi	ons 47 - 49b and 5	2, and complete	the table	es for	lines	
	50 and 51.							
	Check if the organization used Sch	edule O to respond	to any question in	inis Part VI		• • •	1	· [
47		- h	la a Cara da la Marata da Marata				Yes	No
47	Did the organization engage in lobbying activities o	.,	•			47		
48	year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section					47 48		X
40 49a	Did the organization make any transfers to an exem					49a		x x
-Ju b	If "Yes," was the related organization a section 527		-			49b		~
50	Complete this table for the organization's five highes	0				1010	1	
	employees) who each received more than \$100.000				-			
		(b) Average	(c) Reportable	(d) Health benefits,				
	(a) Name and title of each employee	(b) Average hours per week	compensation	contributions to employe benefit plans, and deferr		Estimate other co		
		devoted to position	(Forms W-2/1099-MISC)	compensation			mponiou	
NON	E							
f	Total number of other employees paid over \$100,00	0						
51	Complete this table for the organization's five highes	t compensated independe	ent contractors who each	received more than				
	\$100,000 of compensation from the organization. If	there is none, enter "Non	e."					
	(a) Name and business address of each independent contra	ctor	(b) Type of service	e	(c) Con	npensatio	n	
NON	E							

d Total number of other independent contractors each receiving over \$100,000. . . . . . ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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

	KATE W ENGLISH								
Sign	Signature of officer		Da	ite					
Here	KATE W ENGLISH, EXEC DIE	2							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN					
Paid	Steven A Eddy CPA	Steven A Eddy CPA	06-09-2020	self-employed XXXXXXXXX					
Preparer	Firm's name   RESOURCEFUL BU	SINESS ADVISORS LLC	F	irm's EIN 🕨					
Use Only	Firm's address ► 11710 PLZ AMER	ICA DR STE 2000							
	Reston VA 20190 Phone no. 703-687-4663								
May the IRS discuss this return with the preparer shown above? See instructions									

	Public Charity Status and Public Support					OMB No. 1545-0047				
		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable tru						<b>2019</b>		
•		of the Treasury		Atta	ch to Form 990 or Forn	n 990-EZ.			Open to Public	
•		venue Service	•	Go to www.irs.go	ov/Form990 for instruct	n990 for instructions and the latest information.				
Nam	e of th	e organization						Employer identificati	on number	
EDU	JCAT		UTE FOR HUMAN					27-3941018		
Pa	rt I	Reason	for Public Charity	<b>/ Status</b> (All or	ganizations must co	omplete	this part.)	See instructions.		
The	orga				s 1 through 12, check onl	•				
1					urches described in sect	• • •				
2					Schedule E (Form 990 c					
3		•		•	n described in section 1					
4			•	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1	)(A)(III). Enter the		
-		•	e, city, and state:							
5		-		-	university owned or opera	ated by a g	jovernmental	unit described in		
6		•	)(1)(A)(iv). (Complete	•	init described in <b>section</b>	170/b)/1)/	( • ) ( ) )			
6 7	x		•	•	t of its support from a gov			the general public		
'	21	-	ection 170(b)(1)(A)(vi	•		/emmentai		the general public		
8			rust described in secti		,					
9		•			ion 170(b)(1)(A)(ix) ope	rated in co	niunction wi	th a land-grant colleg	e	
		•	•		see instructions). Enter th					
		university:	-					-		
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, member	ship fees, and gross		
		receipts from a	ctivities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more th	nan 33 1/3% of its		
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) fro	m businesses		
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).			
12		An organizatio	n organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to c	arry out the purposes		
					bed in section 509(a)(1)				•	
			-		ne type of supporting orga				-	
	а				vised, or controlled by its		•		g	
			• • • • •		appoint or elect a major	rity of the d	lirectors or tr	ustees of the		
	<b>L</b>	•	•		IV, Sections A and B.	:4h :4a a				
	b				ontrolled in connection w on vested in the same pe		•	.,		
			on(s). <b>You must com</b>			ISONS LINAL O	control of ma	inage the supported		
	с				anization operated in cor	nection w	ith and fund	tionally integrated wit	'n	
	U				u must complete Part l				,	
	d				g organization operated i				n(s)	
					generally must satisfy a d				(-)	
					e Part IV, Sections A a					
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I, Ty	rpe II, Type III		
		functionall	y integrated, or Type III	non-functionally ir	ntegrated supporting orga	anization.				
	f	Enter the numb	per of supported organ	izations						
	g	Provide the foll	owing information abo	ut the supported or	ganization(s).	1		1		
	(i	<ol> <li>Name of supported</li> </ol>	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of	
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)	
						Yes	No			
(A)										
							-			
<b>(B)</b>										

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

(C)

(D)

(E)

Sche		INSTITUTE				27-394101	
Pa	art II Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of I	Part I or if the	organization	failed to quali	fy under
	Part III. If the organization fails to						
Se	ction A. Public Support			· •	•	,	
_	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		(4) 2010	() _0.0	(0) _0	(4) =0.10	(0) _0.0	(1) 1 0101
-	membership fees received. (Do not						
	include any "unusual grants.")	24,154	34,133	30,153	25,386	170,176	284,002
2	Tax revenues levied for the	21,151	54,155	50,155	23,300	1/0,1/0	201,002
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	24,154	34,133	30,153	25,386	170,176	284,002
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						155,068
6	Public support. Subtract line 5 from line 4						128,934
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	24,154	34,133	30,153	25,386	170,176	284,002
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, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
44	<b>Total support.</b> Add lines 7 through 10.						
						40	284,002
	Gross receipts from related activities, etc. (se			· · · · · · · · · · ·	· · · · · · · · [	12	(0)
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here			•••••	•••••		· · · · ► 🗋
_	ction C. Computation of Public Support				1		
	Public support percentage for 2019 (line 6, c		•		F	14	45.40 %
15						15	100.00 %
16a	a 33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualified						
ŀ	o 33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .			· · · ► 🗌
17a	a 10%-facts-and-circumstances test - 2019.	If the organiza	tion did not ch	eck a box on lir	ne 13, 16a, or <sup>-</sup>	16b, and line 14	is
	10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	' test, check thi	s box and stop	<b>here.</b> Explain	in
	Part VI how the organization meets the "fact	s-and-circumsta	ances" test. Th	ne organization	qualifies as a	publicly support	ed
	organization						► 🗌
ł	o 10%-facts-and-circumstances test - 2018.	If the organiza	tion did not ch	eck a box on lir	ne 13, 16a, 16t	o, or 17a, and li	ne
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					-	cly
	supported organization					=	· _
18	<b>Private foundation.</b> If the organization did r						· · ·
	instructions						▶ □
							<u> </u>

Sche		INSTITUTE				27-39	41018 Page 3
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nization failed	d to qualif	y under Part II.
	If the organization fails to qualify	y under the te	sts listed belo	ow, please co	omplete Part I	I.)	-
Se	ction A. Public Support				•		
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disgualified persons						
h	Amounts included on lines 2 and 3						
	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Se	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
9	Amounts from line 6	(u) 2010	(10) 2010	(0) 2011	(4) 2010	(0) 201	
-	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	rganization's fir	st. second. thi	rd, fourth, or fit	fth tax vear as a	a section 5	501(c)(3)
•••	organization, check this box and <b>stop here</b>						
Se	ction C. Computation of Public Suppo						<u> </u>
15	Public support percentage for 2019 (line 8, c	-		column (f))		15	%
16	Public support percentage from 2018 Sched		-			16	%
	ction D. Computation of Investment In						
17				ine 13. columr	n (f))	17	%
18	Investment income percentage from <b>2018</b> S					18	%
	<b>33 1/3% support tests - 2019.</b> If the organiz					-	
	17 is not more than 33 1/3%, check this box						
b	<b>33 1/3% support tests - 2018.</b> If the organiz						
-	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-	-			-

Part	e A (Form 990 or 990-EZ) 2019 EDUCATORS INSTITUTE FOR HUMAN RIGHTS INC 27-394			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	te Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I,			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.)		
ect	ion A. All Supporting Organizations			
		_	Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	-		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
3a				
	(b) and (c) below.	3a		_
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		_
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
F -	purposes.	4c		
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 <b>Part VI</b> , 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			
	(iii) the authomy under the organization's organizing document authonzing such action, and (iv) now the action was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
~	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 50		
		50		
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	6		
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
'	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Ja	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 <b>Part VI</b> .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
b	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
~	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90		
С		00		
10~	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
ud	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	TUA		
b		10b		
	determine whether the organization had excess business holdings.)	au 1		

	ule A (Form 990 or 990-EZ) 2019 EDUCATORS INSTITUTE FOR HUMAN RIGHTS INC 27-3941018		P	age <b>S</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees 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(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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 tax			
	year, (ii) 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?	1		
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			

	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b>_</b>	
	significant voice in 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.	3	

### 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 (see instructions).
- 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 government entity (see instructions).
- 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 reasons for 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 each 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.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 EDUCATORS INSTITUTE FOR HUMAN RIGHTS IN	IC	27-394	1018 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	atior	is must complete Sectior	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	(B) Current Year (optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>		A	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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	_		Current Year
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 temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	organization (see
instructions).			
<ul> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</li> <li>7 Check here if the current year is the organization's first as a non-functionally</li> </ul>	6	rated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

	LIE A (Form 990 or 990-EZ) 2019 EDUCATORS INSTITUTE FOR H		27-394	1018 Page 7		
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)			
Sec	Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
3	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 Qualified set-aside amounts (prior IRS approval required)					
5						
6						
7						
8						
	(provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 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.					
	Excess distributions carryover, if any, to 2019					
	From 2014					
-	From 2015					
	From 2016					
	From 2017					
	From 2018					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
<u> </u>	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
Э	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
0	and 4b from line 1. For result 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:					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
е	Excess from 2019					
EEA			Sched	ule A (Form 990 or 990-EZ) 2019		

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, 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 2; Part IV, Section C, line 1; 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 B, line 1e; 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 additional information. (See instructions.)

### (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

20 19 **Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### EDUCATORS INSTITUTE FOR HUMAN RIGHTS INC

27-3941018

Employer identification number

### 01. Description of other expenses (Part I, line 16)

Description	Amount	
INSURANCE	6,133	
CONFERENCES AND MEETINGS	11,642	
BANK SERVICE CHARGES	82	
	114	
SUPPLIES	114	
DUES & SUBSCRIPTIONS	668	
ADVERTISING & PROMOTION	501	
PAYROLL / 401K FEES	188	
GOODWILL	194	
TAXES & LICENSES	25	

### 02. Other program services (Part III, line 31)

EIHR IS A TRUSTED VOICE IN PROVIDING RESOURCES AND TRAINING ABOUT GENOCIDE AND THE

HOLOCAUST