IRS e-file Signature Authorization OMB No. 1545-0047 Form 8879-TF for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Name and title of officer or person subject to tax KATE W ENGLISH EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b _ 1a b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here ... > 2a b Total tax (Form 1120-POL, line 22) 3b За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ____ > 7a Form 4720 check here Form 5227 check here ____ > **b FMV of assets at end of tax year** (Form 5227, Item D) 8a Form 5330 check here > b Tax due (Form 5330, Part II, line 19) 9h 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22)

Declaration and Signature Authorization of Officer or Person Subject to Tax Form 8038-CP check here 10a 10b Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize RUBINO AND COMPANY, CHARTERED 41018 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Kate W. English gnature of officer or person subject to tax Date > **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52777199999 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance 163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

			enung	D Employer identific	action number		
B (Check if applicab	C Name of organization		D Employer Identific	cation number		
	Addre	• EDUCATORS INSTITUTE FOR HUMAN RIGHTS,	EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN				
	Name	Doing business as		27-39410	18		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•		
	Final return	, 1301 K STREET, NW	300W	202-746-	2332		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	298,532.		
	Amen return	ded WASHINGTON, DC 20005		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: KATE W. ENGLISH		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1	Tax-ex	empt status: X 501(c)(3)	or 527	If "No," attach a	list. See instructions		
J١	Websi	te: ► WWW.EIHR.ORG		H(c) Group exemption	n number 🕨		
K	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 2011 N	1 State of legal domicile: NY		
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: EIHR	IS A	TRUSTED VOIC	CE IN		
Governance		PROVIDING RESOURCES AND TRAINING ABOUT GE					
na.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
Ş.	3			3	9		
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9		
త గ్ర	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3		
įţi.	6	Total number of volunteers (estimate if necessary)			6		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)		307,610.	298,453.		
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	79.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		307,610.	298,532.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,620.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,009.	182,328.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25) 8,11	L4. 🗀				
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,558.	149,997.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		252,567.	337,945.		
	19	Revenue less expenses. Subtract line 18 from line 12		55,043.	-39,413.		
or or	9		Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		122,772.	88,271.		
SP	21	Total liabilities (Part X, line 26)		322.	5,234.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		122,450.	83,037.		
Pa	art II	Signature Block					
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge			
Sig	n	Signature of officer		Date			
Her	е	KATE W. ENGLISH, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name SHANNON R. GELLMAN, EA Preparer's signature Gellman		Date Check	PTIN		
Paid	d	SHANNON R. GELLMAN, EA Marino Gellman	1	1/14/2022 self-employ			
Pre	parer	Firm's name RUBINO AND COMPANY, CHARTERED Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300		Firm's EIN ▶	52-1186096		
Use	Only						
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636		
May	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	990 (2021) EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 2
Pa	t 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:
	EIHR CULTIVATES PARTNERSHIPS AMONG EDUCATORS GLOBALLY TO CREATE
	MATERIALS AND DELIVER TRAINING BASED ON BEST PRACTICES IN HOLOCAUST
	AND HUMAN RIGHTS EDUCATION. TOGETHER WE DELIVER CONTENT AND STRATEGIES
	FOR TEACHING CONFLICT HISTORY AND PREVENTION, AND SUSTAINABLE PEACE.
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? Yes X No
	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 measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$134 , 261 . including grants of \$5 , 620 .) (Revenue \$)
	1. DEVELOPING A TEACHER CORPS IN RWANDA.
	2. DISTRIBUTION OF AND FACILITATION OF TRAINING WORKSHOPS FOR A
	TEACHING MANUAL IN BOSNIA AND HERZEGOVINA.
	3. CONDUCTING A PILOT TRAINING IN THE DEMOCRATIC REPUBLIC OF THE CONGO.
4b	(Code:) (Expenses \$134 , 260including grants of \$) (Revenue \$)
	1. EXPANDING USE OF OUR CURRICULUM IN MORE SCHOOLS IN ARGENTINA.
	2. CREATING CURRICULUM FOR US TEACHERS ON THE GLOBAL HISTORY AND
	PREVENTION OF MASS ATROCITIES.
	3. WORKING WITH US SOCIAL JUSTICE PARTNERS TO DEVELOP MATERIALS AND
	TRAINING ON US HISTORY OF INEQUALITY AND CONFLICT.
	TRAINING ON US HISTORY OF INEQUALITY AND CONFLICT.
4c	
40	(Code:) (Expenses \$
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 268,521.

Form 990 (2021) EDUCATORS IN Part IV Checklist of Required Schedules

132003 12-09-21

27-3941018

Yes No 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 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12h If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

	I OBEIG MAI ESTIGN			
Form	1 990 (2021) EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941	018	Р	age '
Pai	rt IV Checklist of Required Schedules (continued)			
	·		Yes	No
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		00		х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		- 22
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 to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		T -
55	Note: All Form 990 filers are required to complete Schedule O	38	x	
	rivie: / vii i viiii vaa illeis ale lequileu tu complete ooneuule o		47	

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						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	le gaming				
	(gambling) winnings to prize winners?			10	X		

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2 a	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 2a 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - $file$. See instructions.						
За							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	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 (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
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?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
-	were not tax deductible?	6b					
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 services provided to the payor?	7a		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f							
q	tana tanàna ao						
h							
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?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
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:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15	L_	Х			
	If "Yes," see the 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?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L	L			
	If "Yes," complete Form 6069.						

Form 990 (2021) EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941U18 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3<u>941018 Page 6</u>

	to line ba, bb, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b -0-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	Λ	Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	-25	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		21
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	onlyl	availak	ole.
.5	for public inspection. Indicate how you made these available. Check all that apply.	Jilly)	a v anak	-10
	X Own website X Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	KATE ENGLISH - 202-746-2332			
	C/O MINDSPACE, 1301 K STREET, NW, 3RD FLOOR, WASHINGTON, DC 200	05		

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018

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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 within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 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 of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n					npen	sate					
(A)	(B) (C)						(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an				than o		Reportable	Reportable	Estimated	
	hours per	box offi	, unle: cer an	ss pei id a d	rson i irecto	s both r/trus	an tee)	compensation	compensation	amount of	
	week	-					,	from	from related	other	
	(list any hours for	recti						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	0 00 0	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	ruste	trus		99/	mpen		1099-NEC)	100011120)	and related	
	below	dual t	noit	_	mplo	st col	, in	10001120)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emp l oyee	Former			3	
(1) KATE ENGLISH	40.00										
EXECUTIVE DIRECTOR				Х				129,984.	0.	22,405.	
(2) ALEXANDRA ZAPRUDER	1.00										
BOARD SECRETARY		Х		Х				4,000.	0.	0.	
(3) ANDREW BEITER	2.00									_	
BOARD PRESIDENT		Х		Х				0.	0.	0.	
(4) KELLEY SZANY	1.00	l									
BOARD VICE PRESIDENT	1 00	Х		Х				0.	0.	0.	
(5) JOHN HEFFERNAN	1.00	١,,		۱.,							
BOARD TREASURER	1 00	Х		Х				0.	0.	0.	
(6) AL FUERTES BOARD MEMBER	1.00	х						0.	0.	0	
(7) THEA MACFAWN	1.00	Λ						0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(8) MAURA CORBETT	1.00							•		•	
BOARD MEMBER	1.00	х						0.	0.	0.	
(9) DEBRA LINICK	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) TRACEY MONROE	1.00										
BOARD MEMBER		Х						0.	0.	0.	

Form 990 (2021)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII | Statement of Revenue

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN

Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 298,453 similar amounts not included above g Noncash contributions included in lines 1a-1f 298,453. h Total. Add lines 1a-1f. **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 79. d All other revenue 79. e Total. Add lines 11a-11d 298,532. 0. 0. Total revenue. See instructions

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Form 990 (2021) EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	v
	Check if Schedule O contains a respons		this Part IX(B)	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	5,620.	5,620.		
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	156,389.	125,912.	22,858.	7,619.
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	12,390.	12,390.		
8	Pension plan accruals and contributions (include	,_,_,	12,000		
0	section 401(k) and 403(b) employer contributions)	152.	152.		
		2,335.	2,335.		
9	Other employee benefits	11,062.	9,081.	1,486.	495.
10	Payroll taxes	11,002.	3,001.	1,400.	433•
11	Fees for services (nonemployees):				
_	Management				
b	Legal	11 000		11 000	
С	Accounting	11,000.		11,000.	
d	Lobbying				
е	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 Sch O.)	91,316.	91,316.		
12	Advertising and promotion	3,149.		3,149.	
13	Office expenses	13,532.		13,532.	
14	Information technology				
15	Royalties				
16	Occupancy	5,980.		5,980.	
17	Travel	2,957.	2,957.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,758.	18,758.		
20	Interest	.,	.,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,305.		3,305.	
23 24	Other expenses. Itemize expenses not covered	3,333.		3,333.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	337,945.	268,521.	61,310.	8,114.
26	Joint costs. Complete this line only if the organization	557,515	200,021.	32,310.	5,111.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (ass t)

Form 990 (2021)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			(P)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	87,248
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	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)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	1,023
	16	Total assets. Add lines 1 through 15 (must equal line 33)	122,772.	16	88,271
	17	Accounts payable and accrued expenses	322.	17	400
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	4,834
	26	Total liabilities. Add lines 17 through 25	322.	26	5,234
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	100 450		22 22
<u>a</u>	27	Net assets without donor restrictions		27	83,037
B	28	Net assets with donor restrictions		28	
E		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	122,450.	32	83,037
	33	Total liabilities and net assets/fund balances	122,772.	33	88,271 o

Form **990** (2021)

	990 (2021) EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN	27-3943	L018	Pag	ge 12
Pa	rt 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)	1		8,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	9,4	<u>13.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12:	2,4	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8:	3,0	<u>37.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edu l e O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g l e Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, 27-3941018 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, 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 (iii) Type of organization (vi) Amount of other (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,153.	25,386.	170,176.	307,609.	298,453.	831,777.
2	Tax revenues levied for the organ-	,	· ·	,	,	,	,
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	30,153.	25,386.	170,176.	307,609.	298,453.	831,777.
5	The portion of total contributions	30,133.	23,300.	17071700	30770031	230,133.	031,777
5	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,						711 765
_	column (f)						711,765.
	Public support, Subtract line 5 from line 4.						120,012.
-	• •	() 0047	#10040	() 0040	4 10 0000	4 3 0004	(0 T . I . I
	ndar year (or fiscal year beginning in)	(a) 2017 30, 153.	(b) 2018 25,386.	(c) 2019 170, 176.	(d) 2020 307,609.	(e) 2021 298, 453.	(f) Total 831,777.
	Amounts from line 4	30,133.	43,300.	1/0,1/0.	307,009.	230,433.	031,777.
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 loss from the sale of capital						
	assets (Explain in Part VI.)					79.	79.
11	Total support. Add lines 7 through 10						831,856.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	line 6, co l umn (f), d	ivided by l ine 11, o	column (f))		14	14.43 %
15	Public support percentage from 2020	Schedule A, Part I	II, Iine 14			15	21.17 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶ X
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	-		
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		*				>
18	Private foundation. If the organization						· · · · · · · · · · · · · · · · · · ·
			, , , ,	. , -, -, -, -,			(Form 990) 2021

Schedule A (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 3 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 qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	_	•	1	1	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	irst second third	fourth or fifth tax	vear as a section 5	01(c)(3) organizatio	n
		_			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				<u> </u>
	Public support percentage for 2021 (I			column (fl)		15	%
	Public support percentage from 2020		•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						.51100
h	33 1/3% support tests - 2020. If the	•	-				
i.	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		-	<u>=</u>		-	
20	i invate iounidation: ii the organizatio	an alla not citech a	DOA OITHIE 14, 13	u, or rob, crieck ti	ווים טטא מווע סכל ווופ	, a a c a c a c a c a c a c a c a c a c	·····

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E, If you checked box 12d, 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 lines 3b and 3c below.
- **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 **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," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 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 that all 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 lines 5b and 5c 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 filing 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets 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) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
100		
10a		
10b		
lule A (For	m 990)	2021

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 5 chedule A (Form 990) 2021 Supporting Organizations (continued) Part IV Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI.</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 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, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No 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 Section 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 the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 3 ations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. ___ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) No 2 Activities Test. Answer lines 2a and 2b below. Yes 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 2a that these activities constituted substantially all of its activities. **b** Did the activities described on line 2a, above, 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3<u>a</u> trustees of each of the supported organizations? If "Yes" or "No" 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

	edule A (Form 990) 2021 EDUCATORS INSTITUTE FOR			27-3941018 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	Ily integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 7 chedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 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 3 Amounts paid to acquire exempt-use assets 4 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C. line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D. a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2021 AMOUNT: \$ 79.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION IS PUBLICLY SUPPORTED, AND, ALTHOUGH THE ONE-THIRD

SUPPORT TEST FOR THE CURRENT TAX YEAR IS NOT MET, THE ORGANIZATION CLEARLY

SATISFIES THE CRITERIA FOR MEETING THE FACTS AND CIRCUMSTANCES TEST UNDER

INCOME TAX REGULATION SEC. 1.170A-9(E)(3). FURTHERMORE, BASED UPON

SUCCESSFUL FUNDRAISING EFFORTS, THE ORGANIZATION ANTICIPATES AN EVEN

GREATER PUBLIC SUPPORT PERCENTAGE IN THE FUTURE.

UNDER THE FACTS AND CIRCUMSTANCES TEST, THE ORGANIZATION MEETS: (1) THE

TEN-PERCENT-OF-SUPPORT REQUIREMENT AND (2) THE ATTRACTION OF PUBLIC

SUPPORT REQUIREMENT. THE ORGANIZATION MEETS THE TEN PERCENT-OF-SUPPORT

REQUIREMENT SINCE IT RECEIVED 14.43 PERCENT OF ITS SUPPORT FROM

CONTRIBUTIONS MADE DIRECTLY BY THE GENERAL PUBLIC OVER THE PERIOD IN

QUESTION. THIS CONSTITUTES SUBSTANTIAL PUBLIC SUPPORT. FURTHER, THE

ORGANIZATION MEETS THE ATTRACTION OF PUBLIC SUPPORT REQUIREMENT.

THE EDUCATORS' INSTITUTE FOR HUMAN RIGHTS' OUTREACH IS 100% TARGETED TO

THE GENERAL PUBLIC, PRIVATE INDIVIDUALS, AND FOUNDATIONS. WE HAVE SIGNED A

CONTRACT WITH A FOUNDATION DATABASE COMPANY TO FINDING NEW SOURCES OF

SUPPORT AND ARE COMMITTED TO EXPANDING OUR FUNDRAISING EFFORTS. THIS

INCLUDES OUR RE-FOCUSING ON OUR CURRENT LIST OF SUPPORTERS AND FORMER

DONORS, AND RE-DOUBLING OUR OUTREACH TO OTHER SMALL AND HIGH DOLLAR

DONORS. WE HAVE EXPANDED THE SCOPE OF OUR FUNDRAISING EFFORTS IN THE LAST

Schedule A (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 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.)
YEAR AND BELIEVE OUR NEW EFFORTS WILL PRODUCE MORE CONTRIBUTIONS THAN IN
PREVIOUS YEARS.
IN ADDITION TO MEETING THE TWO REQUIREMENTS DISCUSSED ABOVE, PUBLIC
SUPPORT OF THE ORGANIZATION IS EVIDENCED BY A DISCUSSION OF THE OTHER
RELEVANT PUBLIC SUPPORT FACTORS DESCRIBED IN SECTION 1.170A-9(E)(3) OF THE
INCOME TAX REGULATIONS, AS FOLLOWS:
(1) PERCENTAGE OF FINANCIAL SUPPORT FACTOR. AS INDICATED ABOVE, THE
ORGANIZATION RECEIVED 14.42 PERCENT OF ITS SUPPORT FROM CONTRIBUTIONS MADE
DIRECTLY BY THE GENERAL PUBLIC. THIS IS REASONABLY CLOSE TO THE ONE-THIRD
SUPPORT STANDARD, AND SIGNIFICANTLY ABOVE THE 10 PERCENT STANDARD REQUIRED
TO MEET THE FACTS AND CIRCUMSTANCES TEST.
(2) SOURCES OF SUPPORT FACTOR. THE DEVELOPMENT OF BROADER, MORE
FAR-REACHING PROGRAMS FOR SOLICITING ADDITIONAL PUBLIC SUPPORT, AS
DISCUSSED ABOVE, MAY HELP THE ORGANIZATION TO ATTRACT EVEN MORE PUBLIC
SUPPORT IN THE FUTURE.
(3) REPRESENTATIVE GOVERNING BODY FACTOR. THE ORGANIZATION IS GOVERNED BY
A BOARD OF DIRECTORS COMPOSED OF INDIVIDUALS WHO HAVE A BROAD RANGE OF
SPECIAL KNOWLEDGE AND EXPERTISE IN THE PARTICULAR FIELD IN WHICH THE
ORGANIZATION IS OPERATING, EDUCATING THE PUBLIC ON MATTERS.
(4) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES - PUBLIC PARTICIPATION
IN PROGRAMS OR POLICIES. THE ORGANIZATION HAS PURSUED AND ACCOMPLISHED A

WIDE VARIETY OF PUBLIC EDUCATION OBJECTIVES, AND HAS BEEN AT THE FOREFRONT

		Form 990) 2						OR HUM				7-39410	
Par	t VI	Part IV, Sec line 1; Part Section D,	ction A, lines IV, Section D lines 5, 6, an	1, 2, 3b, 3c, 4	lb, 4c, 5a, 6 3; Part IV, 9	6, 9a, 9b, 9c Section E, l ir	c, 11a, 11 nes 1c, 2a	b, and 11c; l ı, 2b, 3a, and	Part I V, d 3b; Pa	Section B art V, l ine 1	, lines 1 and ; Part V, Se	o; Part III, line I 2; Part IV, Section B, line 1 Information.	ection C,
		(See instrud	ctions.)										
OF	EDU	CATION	ABOUT	CONTEM	PORARY	CHALL	ENGE	S.					

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN

Employer identification number 27-3941018

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
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		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	- · · · · · · · · · · · · · · · · · · ·	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Ра	t III Organizations Maintaining Collections of		her 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 95	· ·	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	, ,	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			` `
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

	dule D (Form 990) 2021 EDUCATO	RS INSTITU' ollections of Ar	TE FO	OR HUM/ prical Tre	AN RIGH asures, o	ITS, r Other		27-39 r Assets		
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	fo ll owing that	t make sig	nificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e	, 🔲 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er simi l ar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Pa	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	D, Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi								_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and comp l ete the fo	lowing ta	ab l e:				1		
									Amount	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
	Did the organization include an amount on Fo						:y?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Pal	t V Endowment Funds. Complete i									
		(a) Current year	(b) P	rior year	(c) Two yea	rs dack ((d) Inree	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance		<u></u>		<u> </u>					
2	Provide the estimated percentage of the curr	•		i, column (a))) neia as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	% %								
С										
0-	The percentages on lines 2a, 2b, and 2c short		ation that	e ava bald an	ad adminiata	uad fau tha	oraoni=	ation		
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neiu ar	ia administer	rea for the	organiz	ation	Ţ,	Yes No
	by: (i) Unrelated organizations								3a(i)	103 110
									3a(ii)	
h	(ii) Related organizations	tione lieted as requir	ed on Sc	hedule R2					3b	
4	Describe in Part XIII the intended uses of the								_ JD _	
	t VI Land, Buildings, and Equipm		WITIETIC IC	arius.						
	Complete if the organization answered). Part I V	. line 11a. S	see Form 990). Part X. I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulat	ed	(d) Book	value
	bescription of property	basis (investr		,	(other)	(-)	reciation		(u) Dook	value
10	Land	,		2.2.2.0	,	5.36				
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)					0.

Schedule D (Form 990) 2021

	NSTITUTE FOR H	HUMAN RIGHTS, IN	27-3941018 Page 3
Part VII Investments - Other Securities.	F 000 D-+ N/ E 4	Idla Oca Farra 000 Bart V Bar 10	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV line 1	11a Sac Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) book value	(C) Method of Valuation. Cost of	end-or-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)		> 25.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities.	Description e 15.)		>
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)		> 25.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.)		25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES (4) (5)	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES (4) (5) (6)	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES (4) (5) (6) (7)	Description e 15.)		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES (4) (5) (6) (7) (8) (9)	e 15.) on Form 990, Part IV, line 1		25. (b) Book value 1,534.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) OTHER LIABILITIES (4) (5) (6) (7) (8)	e 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25. (b) Book value 1,534. 3,300.

Schedule D (Form 990) 2021

	tule D (Form 990) 2021 EDUCATORS INSTITUTE FOR H		<u>IN 27-3941018</u>	Page 4
Par	Reconciliation of Revenue per Audited Financial Stater	nents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
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:			
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part X III.)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial State	ments With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
d	Other (Describe in Part X III.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	•			
	`		40	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII Supplemental Information.		5	
		Land B. / Paras Albana d Obs. Da	tiv Ess 4: Best V Ess 0: Best V	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P		rt v, line 4, Part X, line 2, Part X	1,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16, ➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and expenditures (by type) (such as, fundraising, prooffices is a program service, for and in the region describe specific type gram services, investments, grants to independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (BOSNIA AND COLLABORATIVE BOOK HERZEGOVINA) PROGRAM EXPENSES AUNCH AND WORKSHOP 14,600. EUROPE (BOSNIA AND HERZEGOVINA) GRANTS 5,620. 3 a Subtotal 0 0 20,220. **b** Total from continuation sheets to Part I 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

20,220.

c Totals (add lines 3a

and 3b)

0

EDUCATORS INSTITUTE FOR HUMAN RIGHTS,

Schedule F (Form 990) 2021

Part II

Z

27-3941018

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax (f) Manner of exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (e) Amount of cash grant (d) Purpose of grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2021

132072 12-20-21

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN

Page 3

Schedule F (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27–3941018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 27-3941018

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance					Schedule
(f) Amount of noncash assistance					_
(e) Manner of cash disbursement					
(d) Amount of cash grant					_
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

132073 12-20-21

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 chedule F (Form 990) 2021 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? /f "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? /f "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Pa	age 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
PART I, LINE 2:	
THROUGH PROJECT REPORTS	
PART I, LINE 3:	
WIDE	
<u>WIRE</u>	

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN Employer identification number 27-3941018

			Yes	N
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
:	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
1	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		2
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		7
2	Participate in or receive payment from an equity-based compensation arrangement?	4c		7
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	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:			
а	The organization?	5a		Σ
	Any related organization?	5b		2
	If "Yes" on line 5a or 5b, describe in Part III.			
	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:			
		6a		7
	The organization? Any related organization?	6b		•
	Any related organization?	6b		
a)	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		
a o	Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			•
a)	Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	6b 7		
a b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		2
a b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018

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

Schedule J (Form 990) 2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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) and (E) amounts for that individual.

compensation compensation 29, 984.		(iii) Other reportable compensation 0.	compensation			renorted as deferred
(ii) (iii) (000	00				on prior Form 990
	0	0	6,499.	15,906.	152,389.	0
			0	• 0	0	0
(ii) (iii) (iii) (iii) (iii) (iii)						
(ii) (iii) (iii) (iii)						
(ii) (iii) (
(i) (ii) (ii) (iii)						
(ii)						
(i) (ii)						
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(1)						
(ii)						
(i)						
(ii)						
(1)						
(ii)						
					Schedu	Schedule J (Form 990) 2021

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, Schedule J (Form 990) 2021

27-3941018

Page 3 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 this part for any additional information. Part III Supplemental Information

Schedule J (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization Employer identification number EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (i) Written (g) In by board or committee? interested person with organization of loan principal amount default? agreement? organization? То From Yes No No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of assistance

(d) Type of assistance

(e) Purpose of assistance

▶ \$

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

Schedule L (Form 990) 2021

Total

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN 27-3941018 Page 2 Schedule L (Form 990) 2021 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction Yes No ALEXANDRA ZAPRUDER BOARD SECRETARY 14,500. PROFESSIONA Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ALEXANDRA ZAPRUDER (D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SERVICES RUNNING A PROGRAM FOR EIHR

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATORS INSTITUTE FOR HUMAN RIGHTS TM Employer identification number 27-3941018

EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN	27-3941018
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
HISTORY OF THE HOLOCAUST.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS THE DRAFT 990 PRIOR TO FILING.	
	_
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD HAS A COMPENSATION COMMITTEE TO DETERMINE THE COM	MPENSATION OF THE
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THEY ARE POSTED TO OUR WEBSITE AND ON GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	66,306.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,306.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	25,010.
MANAGEMENT AND GENERAL EXPENSES	0.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization EDUCATORS INSTITUTE FOR HUMAN RIGHTS, IN	Employer identification number 27-3941018
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,010.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	91,316.
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Form **8868** (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpaver identification number (TIN) print EDUCATORS INSTITUTE FOR HUMAN RIGHTS, 27-3941018 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1301 K STREET, NW, 300W return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) Form 8870 12 Form 990-T (corporation) 07 KATE ENGLISH - C/O MINDSPACE, 1301 K STREET, NW, 3RD • The books are in the care of ▶ FLOOR - WASHINGTON, DC 20005 Telephone No. ► 202-746-2332 Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, Include any prior year overpayment allowed as a credit,

Form 8868 (Rev. 1-2022)

За

3b

instructions.