Form	99	0
------	----	---

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047 2021

Depa Inter	artment of nal Reven	the Treasury ue Service	•	Do not Go to www	enter social secu w.irs.gov/Form9	rity numbers 90 for instru	on this form a ctions and	as it may be I the lates	made public t informati	on.		Open to Pub Inspection	
Α	For the	2021 calenda	ar year, or tax		-			21, and en			,	20	
В	Check if a	applicable:	C							D Employ	ver identi	fication number	
	Addr	ess change	AUSCHWITZ	INSTI	TUTE FOR	THE PRE	EVENTIO	N		20-	47142	242	
		e change	OF GENOCI	DE AND	MASS ATF	OCITIES				E Telepho			
	Initia				EET #1602					(21	2) 57	75-2605	
	Final	return/terminated	NEW YORK,	NY 10	036						_, _		
	Ame	nded return								G Gross r	eceipts 🕏	2,862,	.009.
	Appl	ication pending	F Name and add	ress of princi	pal officer:				H(a) Is thi	is a group retur			X No
			SAME AS C	ABOVE					H(b) Are a	all subordinates	included	? Yes	No
I	Tax-ex		X 501(c)(3)	501(c) (isert no.)	4947(a)(1)	or 527	If "N	o," attach a list	. See inst	tructions.	
J					ITUTE.ORG	,			H(c) Grou	ip exemption ni	umber 🕨		
ĸ			X Corporation	Trust	Association	Other P		L Year of for	mation: 20			egal domicile: DE	
Pa		Summary		nuot	7100001011011	ouloi			20	00			
	1 B	riefly describ	e the organiza	ation's mis	sion or most s	significant a	activities:	כדד כרש		า			
~	_												
UC.	_												
Activities & Governance	_												
ove		heck this box			ion discontinu						net ass	sets.	
Ğ					erning body (F						3		9
so So					ers of the gove						4		9
vitie					in calendar ye if necessary).						5		0
cti					n Part VIII, col						6 7a		20
4					e from Form 9						7a 7b		0.
	D IN		business taxa			50 I, I alt I	i, iii c 11		1	Prior Year	75	Current Y	
	8 C	ontributions a	and grants (Pa	art VIII lin	ne 1h)					2,290,8	2/1	2,825	
ue					ne 2g)						150.		, <u>831.</u> ,400.
Revenue		-	•		(A), lines 3, 4					0,-	55.	2	89.
Be					lines 5, 6d, 8c					169,1		33	,689.
					1 (must equal					2,466,4		2,862	
	13 G	arants and sin	nilar amounts	paid (Par	t IX, column (/	A), lines 1-3	3)			_,,		,	·
	14 B	enefits paid t	o or for memb	bers (Part	IX, column (A), line 4)							
	15 S	alaries, other	compensatio	n, employ	vee benefits (P	art IX, colu	mn (A), lin	es 5-10).				1,824	,568.
Expenses	16a P	rofessional fu	undraising fee	s (Part IX	, column (A), l	ine 11e)							,111.
oen.	ЬT		+		olumn (D), lin			103,072					<u>, ,</u>
Ä	17 0				lines 11a-11d,	· · · · ·				0 000 0		1 170	204
		•	-		t equal Part IX	-				2,088,9		1,176	
					18 from line 1					2,088,9		3,006	
٣.		evenue less (expenses. Sui			2				377,5			<u>,064.</u>
Net Assets or Fund Balances	20 T	otal assets (E	Part X line 16)						ning of Currer 572, 6		End of Ye	ar ,684.
\ Bala	20 ∣ 21 ⊺	•		-							/02.		,004. ,820.
let /			`	,	line 21 from I					-			•
	22 N	Signature		. Subliaci		IIIE 20				564,9	028.	420	,864.
		, ,											
Com	olete. Dec	s of perjury, I dec laration of prepare	lare that I have exa er (other than office	amined this re er) is based c	eturn, including according and of all information of	companying sch f which prepare	redules and state r has any know	atements, and wledge.	to the best of	my knowledge	and belie	ef, it is true, correct	, and
Siç	m	Signature	of officer							Date			
He	re	OWEN	PELL, J.	ח					DDF	SIDENT			
		Type or p	rint name and title	D.						JIDUNI			
		Print/Type pre	eparer's name		Preparer's sign	nature		Date		Check	if ^F	PTIN	
Pa	Ч	JOHN F	. JILLEBA	CPA	JOHN F.	TTTTER	A CPA			self-employ		P01249386	
	io eparer				LIBOCK &			S		con employ	1	10124000	
Us	e Only	Firm's addres			AMACK ROA		C, CIA	5		Firm's FIN	▶ 20-	-1116330	
					J 07675					Phone no.	(201		12
May	/ the IR	S discuss this			er shown abov	e? See ins	tructions					X Yes	No
	,			- P. Opony									

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prio		V No
	Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services of schedule 0.		V No
3	If "Yes," describe these changes on Schedule O.	vices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service	cas as measured by a	vnancac
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total ex	xpenses,
	and revenue, if any, for each program service reported.		
		A.	<u> </u>
4 a	<u> </u>	evenue \$	2,400.)
	SEE_SCHEDULE_O		
		<u>A</u>	
41		evenue \$)
	SEE_SCHEDULE_O		
		.	
40		evenue \$)
	SEE_SCHEDULE_O		
	Char program convises (Describe on Schedule C)		
40	d Other program services (Describe on Schedule O.) SEE SCHEDULE O		\ \
A .	(Expenses \$ including grants of \$) (Revenue \$)
4 €	e Total program service expenses ► 2,117,927.		000 (2021)

Form 990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION Part

990	(2021)	AUSCHWITZ	INSTITUTE	FOR	THE	PREVENTION		20
IV	Chec	klist of Requi	ired Schedul	es				
ls th	e organiz	zation described	in section 501(c	:)(3) or	4947(a)(1) (other than	a private foundation)?	If 'Yes,' cor

Page 3

-	In the experimetion dependence in particular $E(1/2)$ or $10/7/2/(1)$ (other then a private foundation)? If $1/2$ is the second statement of the seco		Yes	No
I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ł	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
BAA	• · · · · · · · · · · · · · · · · · · ·		990 ((2021)

 Form 990 (2021)
 AUSCHWITZ
 INSTITUTE
 FOR
 THE
 PREVENTION

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J.	23	Х	
24	a 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 Schedule K. If 'No, 'go to line 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26	Х	
27		27		Х
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):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c 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		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36		36		х
37		37	ļ	x
38		5/		- 23
	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1 a9b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
R۸		Form	aan /	2021

20-4714242 4

|--|

Form	990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION 20-4714242	2	Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
		Ye	s No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 0		
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b	
	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)?	4a	Х
t	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).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
	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?	6 a	Х
Ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
	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?	7 a	X
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 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	
٥	Sponsoring organizations maintaining donor advised funds.	•	
5	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11 a		
Ł	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	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 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
Ł	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		
	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?.	14a	Х
	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	Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If 'Yes,' complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		
17	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	

20-4714242

Page 6

Pa	rt VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	below, anges (and on	for
	Schedule O. 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
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. 0	9		
I	b Enter the number of voting members included on line 1a, above, who are independent 1 b	9		
	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?			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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	. 6		Х
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	. 7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ä	a The governing body?	. 8a	Х	
I	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 organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reveni	ue C	ode.)
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	. 10a		Х
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11 a	Х	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE C			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a		Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b		
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done			
13	Did the organization have a written whistleblower policy?			Х
14	Did the organization have a written document retention and destruction policy?	. 14		Х
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?			
	a The organization's CEO, Executive Director, or top management official			Х
I	b Other officers or key employees of the organization	. 15b		Х
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		X
I	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		
Ser	cition C. Disclosure	מסו		L
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)(3) 5 01	
IŐ	Section 6104 requires an organization to make its Forms 1023 (1024 of 1024-A, if applicable), 990, and 990-1 (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	501(0)(<u>, 1</u> 5 01	11Y)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements av the public during the tax year. SEE SCHEDULE O	ailable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			

ጥሀር	ORGANIZATION	2	いていて	/ ፍጥሀ	ĊͲDႠႠͲ	CTT	1602	NEG	VODV	MV	10026	(212)	575-2605
TUL	UNGANIZATION	~	WEDI	4JIN	SINCL,	SIL	TOOT		IOUU	TNT	T0020	$(\Delta \perp \Delta)$	J/J-200J

Form 990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	t Compensated Employe	es, and
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 Compensa	ited Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

• 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.

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

			(C)					
(A) Name and title	(B) Average hours	Pos thar is	Position (do not than one box, u is both an off director/tr		er and a tee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- (W-2/1099-NEC)	compensation from the organization and related organizations
(1) TIBI GALIS	40							_	
EXECUTIVE DIRECTOR	0			Х			178,010.	0.	0.
(2) ALLYNE SCHWARTZ	5	v					0	0	0
BOARD MEMBER (3) ADI PEKMEZOVIC	0 5	Х					0.	0.	0.
TREASURER	0	Х	Х				0.	0.	0.
(4) BONNIE SCHERTZ	5	Λ		<u>`</u>			0.	0.	0.
BOARD MEMBER	0	Х					0.	0.	0.
(5) JOANNA POZEN	5								
BOARD MEMBER	0	Х					0.	0.	0.
(6) MARTIN SKLAR	5								
BOARD MEMBER	0	Х					0.	0.	0.
(7) BENJAMIN WARREN	5								_
BOARD MEMBER	0	Х			_		0.	0.	0.
(8) CHRIS WHALEN	5						0	0	0
BOARD MEMBER (9) MICHAEL KLUGER	0 5	Х					0.	0.	0.
BOARD MEMBER		х					0.	0.	0.
(10) OWEN PELL, J.D.	5	Λ					0.	0.	0.
PRESIDENT	0	Х	Х	2			0.	0.	0.
(11) CHARLES SCHEIDT	5			-					
BOARD MEMBER	0	Х					0.	0.	0.
(12)									
(13)									
(14)	 								
BAA	TEEA0	107L	09/22/2	1					Form 990 (2021)

Form 990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION

	20-4714242
--	------------

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con													
	(B)			(C)									
(A) Name and title	Name and title nours box, unless person is both an officer and a director/trustee) officer and a director/trustee) officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from				
	(list any hours for related organiza - tions below dotted line)							MIŜĊ/1099-ÑEC)	the organization and related organizations				
(15)													
<u>6)</u>													
<u>n</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Subtotal		<u> </u>			· · · •	•	178,010.	0.	0.				
c Total from continuation sheets to Part VII, Se	tion A				►	-	0.	0.	0.				
d Total (add lines 1b and 1c)						•	178,010.	0.	0.				
2 Total number of individuals (including but not limit from the organization ► 1	ed to those	listed a	bove)	who	receive	ed m	nore than \$100,00	0 of reportable comp	pensation				
3 Did the organization list any former officer, dir on line 1a? If 'Yes,' complete Schedule J for s	ector, truste uch individu	ee, key <i>Jal</i>	/ emp	loye	e, or hi	ighe	est compensated	employee	Yes No . 3 X				
4 For any individual listed on line 1a, is the sum the organization and related organizations greasuch individual.	ater than \$1	50,00	0? lf	'Yes,	' comp	olete	Schedule J for		4 X				
 5 Did any person listed on line 1a receive or acc for services rendered to the organization? If 'Y 	rue comper	nsatior	n from	ı anv	unrela	ated	organization or	individual					
Section B. Independent Contractors						,							
1 Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind ensation for	epend the ca	ent co lendar	ontra ' year	ctors tl ending	hat g wit	received more the the or	nan \$100,000 of ganization's tax year					
(A) Name and business a	ddress						(B) Description o	of services	(C) Compensation				
	- h. d. 1.11		41-	10.2	-l - l			41					
2 Total number of independent contractors (includin \$100,000 of compensation from the organization	-	ited to	tnose	liste	a above	e) wi	no received more	tnah					

Form 990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION

Part VIII Statement of Revenue

20-4714242

Page 9

		Check if Schedule O contains a response or note to an	ny line in this Part VI			П
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ, হ	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts	Ł	Membership dues 1 b				
A G	c	: Fundraising events 1c				
iar Biar	c	I Related organizations 1 d	-			
sin 's	e f	e Government grants (contributions) 1 e 284,684. All other contributions, gifts, grants, and	-			
, ti		similar amounts not included above 1f 2,541,147.				
ġ Đ	ç	Noncash contributions included in	-			
Cont	F	lines 1a-1f 1g ■ Total. Add lines 1a-1f►				
-		Business Code	2,825,831.			
enn	2 a	PARTICIPATION_FEES 611710	2,400.	2,400.		
Program Service Revenue	Ŀ		2,400.	2,400.		
Ce	c	:				
eni	c					
ŝ	e	,				
ogra		All other program service revenue				
Pr	ç	J Total. Add lines 2a-2f►	2,400.			
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	89.			89.
	4 5	Royalties				
	5	(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	b Less: rental expenses 6b	-			
	c	: Rental income or (loss) 6c				
	c	Net rental income or (loss) ►	•			
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a				
	Ł	Less: cost or other basis	-			
		and sales expenses 7b	-			
		: Gain or (loss) <mark>7c</mark>	•			
Other Revenue	8 a	Gross income from fundraising events (not including \$				
Vel		of contributions reported on line 1c).				
Ве		See Part IV, line 18 8a				
ler.	Ŀ	Less: direct expenses 8b				
Ð	c	: Net income or (loss) from fundraising events►	-			
	9 a	Gross income from gaming activities.				
		See Part IV, line 19	-			
		J Less: direct expenses 9b : Net income or (loss) from gaming activities				
	10 a	errors sales of inventory, less				
		Less: cost of goods sold	-			
		: Net income or (loss) from sales of inventory►	•			
S		Business Code				
e Su	11 a	OTHER_INCOME	22,794.			22,794.
an an	k	OTHER_INCOME	10,895.			10,895.
	c	;				
Miscellaneous Revenue						
2		• Total. Add lines 11a-11d	33,689.			
	12	Total revenue. See instructions •	2,862,009.	2,400.	0.	33,778.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

500	tion 501(c)(s) and 501(c)(4) organizations must com Check if Schedule O contains a re				
Do		(A) Total expenses	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	l'otal expenses	Program service expenses	Management and general expenses	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 for- eign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	178,010.	133,508.	35,602.	8,900.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,646,558.	987,935.	576,295.	82,328.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (nonemployees):				
	a Management				
	b Legal				
	c Accounting	26,428.		26,428.	
	d Lobbying.	5 444			
	e Professional fundraising services. See Part IV, line 17	5,111.			5,111.
	f Investment management fees				
	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	231,271.	216,323.	14,948.	
13	Office expenses	117,450.	76,342.	35,235.	5,873.
14	Information technology	,	-,		-,
15	Royalties				
16	Occupancy	84,222.	10,300.	73,922.	
17	Travel	101,873.	96,779.	5,094.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22					
23	Insurance Other expenses. Itemize expenses not	148,699.	146,089.	2,610.	
24	on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
i	a <u>SEMINARS</u>	359,824.	359,824.		
	b TRAINING	34,060.	34,060.		
	© ROMA_PROJECT	19,277.	19,277.		
	d <u>POSTAGE AND SHIPPING</u>	17,212.	11,188.	5,164.	860.
	e All other expenses	36,078.	26,302.	9,776.	
25	Total functional expenses. Add lines 1 through 24e	3,006,073.	2,117,927.	785,074.	103,072.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
BAA					Form 990 (2021)

For	m 99	0 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-	47142	42 Page 11
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	558,730.	1	408,590.
	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	
	7	Notes and loans receivable, net.		7	
2	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.		9	
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 9,777.		10 c	
	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	13,900.	15	19,094.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	572,630.	16	427,684.
	17	Accounts payable and accrued expenses	7,702.	17	6,820.
	18	Grants payable	1,102.	18	0,020.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
5	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	26	Total liabilities. Add lines 17 through 25.	7,702.	26	6,820.
Ices		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.	, · · ·		
lar	27	Net assets without donor restrictions		27	
â	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds	564,928.	31	420,864.
Ϋ́	32	Total net assets or fund balances	564,928.	32	420,864.
Nei	33	Total liabilities and net assets/fund balances.	572,630.	33	427,684.

BAA

420,864. 427,684. Form **990** (2021)

572,630. **33**

Form 990 (2021) AUSCHWITZ INSTITUTE FOR THE PREVENTION 20-4714242									
Par	t 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		2,8	62,0)09.			
2	Total expenses (must equal Part IX, column (A), line 25)	2)73.			
3									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	-							
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O).					0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					0.			
10	column (B))	10		4	20.8	364.			
Par	t XII Financial Statements and Reporting	I							
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes				
1	Accounting method used to prepare the Form 990: X Cash Carual Other		[165	NO			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.								
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ewed or	na						
ŀ	Were the organization's financial statements audited by an independent accountant?			2b	Х				
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis								
c	 c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 	[3a		Х			
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
BAA	TEEA0112L 09/22/21			Form	990	(2021)			

SCHEDULE	A			ty Status and P		•••		OMB No. 1545-0047			
(Form 990)		Con	nplete if the organiza 4947(a	tion is a section 501(c) a)(1) nonexempt charita	(3) orga able trus	nization t.	or a section	2021			
			► Atta	ich to Form 990 or Forr	n 99 0- E2	Ζ.		Open to Public			
Department of the Tr Internal Revenue Ser	the Treasury ue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organiz	AUSCIN			THE PREVENTION	I			ployer identification number			
Dutt Dee			E AND MASS AT		<u></u>	ata thia	20-471424				
	I Reason for Public Charity Status. (All organizations must complete this part.) See instruganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							ctions.			
Ĕ											
3 A hos	pital or a coop	erative ł	nospital service organ	ization described in se	ction 17	0 (b)(1)(A	A)(iii).				
		-	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	inter the hospital's			
5 An or	city, and state panization oper	ization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		170(b)(1)(A)(iv). (Complete Part II.) al, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
- H											
An ord	anization that n tion 170(b)(1)(ormally i A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	It or from the general pu	blic described			
				(A)(vi). (Complete Part							
or univ	agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
univer	·										
from a invest	X 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.)										
				ely to test for public saf	ety. See	section	n 509(a)(4).				
12 An org	anization orga	anized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry o	ut the purposes of one			
lines `	2a through 12	d that de	escribes the type of s	ed in section 509(a)(1) of upporting organization	and con	nplete lir	nes 12e, 12f, and 12g.				
a Type I organi comp	A supporting o zation(s) the po ete Part IV, Se	rganizati wer to re ctions /	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup t a majority of the directo	oported o rs or trus	rganizati stees of t	ion(s), typically by giving he supporting organizati) the supported on. You must			
manag	I. A supporting ement of the su complete Part	ipporting	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You			
	•	,		tion operated in connectio plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported			
d Type I	I non-functiona	illy integ ed. The o	rated. A supporting org	panization operated in col must satisfy a distribu ms A and D, and Part V.	nnection Ition rea	with its s	supported organization(s) that is not			
e Check	this box if the	organiz	ation received a writt	en determination from supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally			
f Enter the	number of sup	oported									
(i) Name of su	pported organizatio	n	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
<u></u>											
<u>(B)</u>											
(C)											
<u>(</u> D)											
(E)											
Total											

AUSCHWITZ INSTITUTE FOR THE PREVENTION 20-4714242

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.)

Section A. Public Support

	ndar year (or fiscal year nning 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		I	I		1	
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, 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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu		3				
	Public support percentage for 20	-	••••••				%
	Public support percentage from						%
16a	33-1/3% support test-2021. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	< this box ►
b	33-1/3% support test-2020. If the and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this I tion qualifies as a	publicly supported	e. Explain in Part ed organization	VI how the►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨

Schedule A (Form 990) 2021

AUSCHWITZ INSTITUTE FOR THE PREVENTION

20-4714242

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.)

Section A. Public Support (c) 2019 Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.')... ,971,162 2,251,517. 2,906,368. 2,290,841 2,825,830 12,245,718. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... 15,000 6,450 2,400 23,850. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 169,138 161,138 330,276. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... 0. 368 Total. Add lines 1 through 5... 971,162 251 517 2 ,921 2 466,429 989 368 12 599 844. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 0 0 0 0. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 1,083,985 0 0 401,440. 140,574 1,625,999 c Add lines 7a and 7b.... 401,440. 1. 083, 985 0 0 140,574. 1,625,999. Public support. (Subtract line 7c from line 6.). 10,973,845. Section B. Total Support (c) 2019 (d) 2020 (e) 2021 (a) 2017 (b) 2018 Calendar year (or fiscal year beginning in) > (f) Total 9 Amounts from line 6..... 971,162 2,251,517. 2. 921,368 2,466,429 2,989,368 12,599,844. 1. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 54 47 33 55 89 278. Unrelated business taxable h income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 54 47 33 55 89 278. Net income from unrelated business 11 activities not included on line 10b. whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.)... 13 Total support. (Add lines 9, 10c, 11, and 12.)..... 1,971,216. 2,251,564. 2,921,401. 2,466,484. 2,989,457. 12,600,122. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))..... % 15 87.09 16 Public support percentage from 2020 Schedule A, Part III, line 15. 16 Ŷ 81.69 Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))..... 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 18 0.00 % 19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization ... **b** 33-1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

 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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	-		
3a	described in section 509(a)(1) or (2). a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	2 3a		
ł	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.	3a 3b		
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.	SD 3c		
4a	a 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.	4a		
ł	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.	4b		
C	bid 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.	4c		
5a	a 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).			
ł	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?	5u 5b		
c	C Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990</i>).	7		
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).	8		
9a	a 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 .	9a		
ł	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.	9b		
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.	9с		
10a	a 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.	10a		
ł	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.)	1 0 b		

Part IV Supporting Organizations (continued)					
	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?					
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 detail in Part VI.					

AUSCHWITZ INSTITUTE FOR THE PREVENTION

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 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 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	no
ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization maintained a close and continuous working relationship with the supported organization(s).	2		
reason of the relationship described on line 2, above, did the organization's supported organizations have a significant ice in the organization's investment policies and in directing the use of the organization's income or assets at times during the tax year? If Yes I describe in Part VI the role the organization's upported organizations played			
this regard.	3		
	ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided? anization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> <i>organization maintained a close and continuous working relationship with the supported organization(s).</i> reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>	anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the panization's governing documents in effect on the date of notification, to the extent not previously provided? Inter any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how to organization maintained a close and continuous working relationship with the supported organization(s). I reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	 anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the panization's governing documents in effect on the date of notification, to the extent not previously provided? anization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).</i> reason of the relationship described on line 2, above, did the organization's supported organization's income or assets at times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 these activities but for the organization's involvement.
- 3 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 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.

2a

2b

3a

20-4714242

Page 5

Yes

1

2

No

No

No

Yes

Part V

A (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	<u> </u>		
1 Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organizat	ust on No ions mus	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	rt		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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		
		- III II	

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

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION 20-4

20-4714242	Page 7

Pa	t v Type in Non-Functionally integrated 509(a)(5) Su	ipporting Organiza		u)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organizatior	IS,		
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	3			
4	Amounts paid to acquire exempt-use assets			4	
5		e details in Part VI)		5	
6	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 in Part VI). See instructions.	on is responsive (provide	e details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	Prom 2016				
Ŀ	• From 2017				
	: From 2018				
	From 2019				
	e From 2020				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
ć	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
	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, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
â	Excess from 2017				
	• Excess from 2018				
(Excess from 2019				
(Excess from 2020				
(Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	AUSCHWITZ INSTITUTE FOR THE PREVENTION 20-4714242	Page 8
III, line 12; Part I B, lines 1 and 2; 3a, and 3b; Part V	al Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, Also complete this part for any additional information. (See instructions.)	

Schedule B

chadula of Contributors

OMB No. 1545-0047

(Form 990)	Schedule of Contributors	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021
OF	GENOCIDE AND MASS ATROCITIES 20-	yer identification number 4714242
Organization type (che Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 Х or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)	1 7	Page 2
Name of organization	Employer identification number	
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate copies of Par	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUTCH MINISTRY OF FOREIGN AFFAIRS		Person X
	PO_BOX_20061	\$ <u>88,717.</u>	Payroll Noncash
	EB_DEN_HAAG, EB_DEN_HAAG_2500_NETHERLANDS		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INTL HOLOCAUST REMEMBRANCE ALLIANCE		Person X
	LINDENSTRASSE 20-25	\$ <u>32,389.</u>	Payroll Noncash
	BERLIN, BERLIN 10969 GERMANY		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OWEN PELL		Person X
	1111 PARK_AVE	\$109,153.	Payroll Noncash
	NEW YORK, NY 10128		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4 PANJANDRUM_FOUNDATION	(c) Total contributions	Person X
		(c) Total contributions	
	PANJANDRUM FOUNDATION		Person X Payroll
	PANJANDRUM_FOUNDATION		Person X Payroll Noncash (Complete Part II for
	PANJANDRUM FOUNDATION 7_CORPORATE DRIVE KEANE, NH_03431 (b)	\$50,000. \$	Person X Payroll
 (a) No.	PANJANDRUM_FOUNDATION 7_CORPORATE_DRIVE KEANE, NH_03431 (b) Name, address, and ZIP + 4	\$50,000. \$	Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution
 (a) No.	PANJANDRUM FOUNDATION 7_CORPORATE_DRIVE KEANE, NH_03431 Name, address, and ZIP + 4 LOIS_AND_IRVING_BLUM_FOUNDATION		Person X Payroll
 (a) No.	PANJANDRUM FOUNDATION 7_CORPORATE_DRIVE KEANE, NH_03431 Name, address, and ZIP + 4 LOIS_AND_IRVING_BLUM_FOUNDATION 233_E_REDWOOD_ST		Person X Payroll
_4 (a) No. _5	PANJANDRUM FOUNDATION 7 CORPORATE DRIVE KEANE, NH 03431 Name, address, and ZIP + 4 LOIS AND IRVING BLUM FOUNDATION 233 E REDWOOD ST BALTIMORE, MD 21202 (b)	 \$50,000. Total contributions \$50,000. 	Person X Payroll
4 (a) No. 5 (a) No.	PANJANDRUM_FOUNDATION 7_CORPORATE_DRIVE KEANE, NH_03431 Name, address, and ZIP + 4 LOIS_AND_IRVING_BLUM_FOUNDATION 233_E_REDWOOD_ST BALTIMORE, MD_21202 Name, address, and ZIP + 4	 \$50,000. Total contributions \$50,000. 	Person X Payroll
4 (a) No. 5 (a) No.	PANJANDRUM_FOUNDATION 7_CORPORATE_DRIVE KEANE, NH_03431 Name, address, and ZIP + 4 LOIS_AND_IRVING_BLUM_FOUNDATION 233_E_REDWOOD_ST BALTIMORE, MD_21202 Name, address, and ZIP + 4 VESTAR_CAPITAL_PARTNERS		Person X Payroll Image: Complete Part II for noncash contributions.) Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contributions.) Noncash Image: Complete Part II for noncash contributions.) Voncash Image: Complete Part II for noncash contributions.) Type of contributions.) Image: Complete Part II for noncash contributions.) Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	2	7 Page 2
Name of organization	Employer identification number	·
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JEWISH COMMUNAL FUND 575 MADISON AVE NEW YORK, NY 10022	\$ <u>50,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ALPERT FAMILY FOUNDATION 105 COLONIAL AVENUE LARCHMONT, NY 10538	\$7,500.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ASHURST FAMILY FOUNDATION 9 ARLINGTON STREET BOSTON, MA 02116	\$45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _	CANADIAN MUSEUM OF HUMAN RIGHTS 85_ISRAEL_ASPER_WAY WINNIPEG, MANITOBA_R3C_035_CANADA	\$70,697.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> _	CHARLES E SCHEIDT FAMILY FOUNDATION 180 EAST END AVENUE NEW YORK, NY 10128	\$317,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> _	CONFERENCE ON JEWISH MATERNAL CLAIM 1359 BROADWAY, RM 2000 NEW YORK, NY 10018 TEFA0702 10/06/21	\$ <u>18,960.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	3 7	Page 2
Name of organization	Employer identification number	
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DUNCAN_C_WALLACE		Person X
	BRUSSELS	\$5,000.	Payroll Noncash
	BRUSSELS, BRUSSELS_1050_BELGIUM	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u>	DUTCH EMBASSY IN BRAZIL	_	Person X
	SETOR DE EMBAIXADAS SUL	\$26,776.	Payroll Noncash
	BRASILIA, BRASILIA 70405-900 BRAZIL	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	FEINMAN FAMILY FOUNDATION		Person X
	484 12TH STREET	\$20,000.	Payroll Noncash
	BROOKLYN, NY 11215	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	FRENCH EMBASSY IN NYC		Person X
	934 FIFTH AVENUE	\$36,386.	Payroll Noncash
	NEW YORK, NY 10021	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	GREAT MILL ROCK		Person X
	1107 PARK AVENUE	\$100,000.	Payroll Noncash
	NEW YORK, NY 10128	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4 HOUSTON JEWISH COMMUNITY FDTN	(c) Total contributions	Person X
	Name, address, and ZIP + 4	(c) Total contributions	
	Name, address, and ZIP + 4 HOUSTON_JEWISH_COMMUNITY_FDTN	-	Person X Payroll

Schedule B (Form 990) (2021)	4	7 F	Page 2
Name of organization	Employer identification number		
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

	Contributors (see instructions). Use duplicate copies of Part I if additional s		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	ILENE LANG	_	Person X
	65 W 13TH STREET	\$10,000.	Payroll Noncash
	NEW YORK, NY 10011	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	INSTITUT FUR AUSLANDSBEIZEHUNGEN	_	Person X Payroll
	CHARLOTENPLATZ 17	\$ <u>119,691</u> .	Noncash
	STUTTGART, STUTTGART 70173 GERMANY	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u>	JAN COHEN	_	Person X
	7_CORPORATE_DRIVE	\$ <u>5,113.</u>	Payroll Noncash
	KEENE, NH_03431-5042	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 MARTIN_& DODI_SKLAR	Total contributions	Person X
		Total contributions	
	MARTIN & DODI_SKLAR	_	Person X Payroll
	MARTIN & DODI_SKLAR	_	Person X Payroll Noncash (Complete Part II for
<u>22</u> _	MARTIN & DODI SKLAR 127 EUCLID AVENUE ARDSLEY, NY 10502 (b)	\$ <u>35,000.</u>	Person X Payroll
<u>22</u>	MARTIN & DODI SKLAR 127 EUCLID AVENUE ARDSLEY, NY 10502 Name, address, and ZIP + 4	\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
<u>22</u>	MARTIN & DODI_SKLAR 127_EUCLID_AVENUE ARDSLEY, NY 10502 Name, address, and ZIP + 4 NAT'L_CENTER_FOR_CIVIL_& HUMAN_RIGH	\$35,000. \$35,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contributions Person X Payroll
<u>22</u>	MARTIN & DODI_SKLAR 127 EUCLID_AVENUE ARDSLEY, NY 10502 (b) Name, address, and ZIP + 4 NAT'L_CENTER_FOR_CIVIL & HUMAN_RIGH 100_IVAN_ALLEN_JR_BLVD_NW	\$35,000. \$35,000. (c) Total contributions	Person X Payroll
<u>22</u>	MARTIN & DODI_SKLAR 127_EUCLID_AVENUE ARDSLEY, NY 10502 Name, address, and ZIP + 4 NAT'L_CENTER_FOR_CIVIL & HUMAN_RIGH 100_IVAN_ALLEN_JR_BLVD_NW ATLANTA, GA_30313 (b)	\$35,000. Total contributions \$424,582.	Person X Payroll
<u>22</u>	MARTIN & DODI_SKLAR 127_EUCLID_AVENUE ARDSLEY, NY 10502 (b) Name, address, and ZIP + 4 NAT'L_CENTER_FOR_CIVIL & HUMAN_RIGH 100_IVAN_ALLEN_JR_BLVD_NW ATLANTA, GA_30313 Name, address, and ZIP + 4	\$35,000. Total contributions \$424,582.	Person X Payroll I Noncash I (Complete Part II for noncash contributions.) X Type of contribution X Person X Payroll I Noncash I (Complete Part II for noncash contributions.) X Payroll I Noncash I (Complete Part II for noncash contributions.) Complete Part II for noncash contributions.) Type of contribution I
<u>22</u>	MARTIN & DODI_SKLAR 127 EUCLID_AVENUE ARDSLEY, NY 10502 Name, address, and ZIP + 4 NAT'L_CENTER_FOR_CIVIL & HUMAN_RIGH 100_IVAN_ALLEN_JR_BLVD_NW ATLANTA, GA_30313 Name, address, and ZIP + 4 NAT'L_ENDOWMENT_FOR_DEMOCRACY 1005_E_STREET_CUTTE_000	\$35,000. Total contributions \$424,582. Total contributions	Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contributions.) Person X Payroll Image: Complete Part II for noncash contributions.) Complete Part II for noncash contributions.) Complete Part II for noncash contributions.) Prype of contributions.) Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	5	7	Page 2
Name of organization	Employer identification number	r	
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	O'CONNELL FAMILY FOUNDATION		Person X
	247 BYRAM SHORE ROAD	\$7,500.	Payroll Noncash
	GREENWICH, CT_06830		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_	SAMUEL & HELENE SOREF FOUNDATION		Person X Payroll
	11530_DONA_DOROTEA_DR	\$ <u>10,000</u> .	Noncash
	STUDIO_CITY, CA_91604		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_	SPENCER FOUNDATION		Person X
	1065 SIXTH AVENUE	\$42,910.	Payroll Noncash
	NEW YORK, NY 10018		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u>	SPINNER FAMILY FUND		Person X
<u>28</u> _	SPINNER FAMILY FUND 928 GARRETT MILL ROAD	\$ <u>10,000.</u>	Person X Payroll Noncash
<u>28</u> _	020 CARDETT MILL DOAD		Payroll
<u>28</u>	928 GARRETT MILL ROAD		Payroll Noncash (Complete Part II for
(a)	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) No.	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 Name, address, and ZIP + 4 TSADIK FOUNDATION	(c) Total contributions	Payroll Image: Constraint of the second se
(a) No.	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 Name, address, and ZIP + 4 TSADIK_FOUNDATION 200 CALIFORNIA_ST, SUITE 500 SAN_EDANCISCO_CA_04111	(c) Total contributions	Payroll
(a) No. 29_	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 (b) Name, address, and ZIP + 4 TSADIK_FOUNDATION 200 CALIFORNIA ST, SUITE 500 SAN FRANCISCO, CA 94111 (b)	(c) Total contributions	Payroll
(a) No. <u>29</u> _ (a) No.	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 (b) Name, address, and ZIP + 4 TSADIK_FOUNDATION 200 CALIFORNIA_ST, SUITE 500 SAN_FRANCISCO, CA 94111 Name, address, and ZIP + 4	(c) Total contributions	Payroll
(a) No. <u>29</u> _ (a) No.	928 GARRETT MILL ROAD NEWTOWN SQUARE, PA 19073 (b) Name, address, and ZIP + 4 TSADIK_FOUNDATION 200 CALIFORNIA_ST, SUITE 500 SAN_FRANCISCO, CA 94111 Name, address, and ZIP + 4 UK_FOREIGN_COMMONWEALTH_&_DEVEL_OFF	(c) Total contributions	Payroll

Schedule B (Form 990) (2021)	6	7	Page 2
Name of organization	Employer identification numbe	r	
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

Part	Contributors (see instructions). Use duplicate copies of Part 1 if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	UNITED_NATIONS_DEVELOPMENT_PROGRAM		Person X
	1_UNITED_NATIONS_PLAZA	\$ <u>51,995.</u>	Payroll Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	US_STATE_DEPT-DEPARTMENT_OFRIGHTS		Person X
	2201 C_STREET, NW, SUITE 2800	\$112,263.	Payroll Noncash
	WASHINGTON, DC 20520		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	WEININGER FOUNDATION		Person X
	180 MAIDEN LANE	\$ 5,000.	Payroll Noncash
	NEW YORK, NY 10038		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	WELLSPRING PHILANTROPIC FUND		Person X
	10 TIMES SQUARE, SUITE 1600	\$ 465,000.	Payroll Noncash
	NEW YORK, NY 10018	·	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	WHITE & CASE LLP		Person X
	1221 AVENUE OF THE AMERICAS	\$75,000.	Payroll Noncash
	NEW YORK, NY 10020		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	WILLIAM GINSBERG		Person X
<u> </u>			Payroll
<u> </u>	876 PARK AVENUE. #85	\$36,000.	Noncash
<u> </u>	076 DADE AVENUE #05	\$ <u>36,000</u> .	

Schedule B (Form 990) (2021)	7 7	Page 2
Name of organization	Employer identification number	
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>37</u> _	WORLD_FEDERALIST_MOVEMENT 5_THOMAS_CIRCLE_NW-3RD_FLR WASHINGTON, DC_20005	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990) (2021)	1	1	Page 3
Name of organization	Employer ident	ification nun	nber
AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-47142	242	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No	<i>(</i> b)		(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	 	
		⁻	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		²	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
AA	TEEA0703L 10/06/21		 B (Form 990) (20)

	B (Form 990) (2021)			1 1 Page 4
Name of orga	anization /ITZ INSTITUTE FOR THE PREVEN	TTON		Employer identification number 20-4714242
Part III	<i>Exclusively</i> religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	tc., contributions to organ he year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	outor. Comple al of <i>exclusiv</i>	described in section 501(c)(7), (8), te columns (a) through (e) and e/v religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of gift	t	
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift		ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of giff ss, and ZIP + 4		ationship of transferor to transferee
		·		
DAA	1	TEEA070/1 10/06/21		Schodula B (Form 000) (2021)

	Sup	plemental Financial Sta	tomonts		OMB No. 15	545-0047
SCHEDULE D (Form 990)	Form 990) ► 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.			2021		
Department of the Treasury Internal Revenue Service	nal Revenue Service Go to www.ins.gov/roinisso for instructions and the fatest information.			Open to Inspection	on	
Name of the organization				Employer i	dentification nur	nber
	ITUTE FOR THE PREV ND MASS ATROCITIES	ENITON		20-471	4242	
Part I Organiza	tions Maintaining Dong	or Advised Funds or Other S	Similar Funds or Ac		1212	
Complete	e if the organization ans	wered 'Yes' on Form 990, Pa	art IV, line 6.			
		(a) Donor advised fund	s (b)	Funds and	other accour	nts
	end of year					
00 0	ontributions to (during year)					
	at end of year					
00 0	5	nor advisors in writing that the ass	ets held in donor advise	d funds		
are the organiza	tion's property, subject to the	organization's exclusive legal cont	trol?		Yes	No
6 Did the organiza for charitable pu	tion inform all grantees, donc rposes and not for the benefi	ors, and donor advisors in writing the total of the donor or donor advisor, or	nat grant funds can be u for any other purpose co	sed only onferring		
impermissible pr	ivate benefit?	·			Yes	No
	ation Easements.	ward Wast on Form 000 D	ort IV/ line 7			
		wered 'Yes' on Form 990, Pa y the organization (check all that a				
	of land for public use (for exam	-	Preservation of a hist	orically imr	ortant land a	area
	f natural habitat		Preservation of a cert	5 1		il Cu
	of open space	L			0 011 401410	
	through 2d if the organization	held a qualified conservation contribut	tion in the form of a conse	ervation ease	ement on the	
last day of the ta	ix year.			Held at the	End of the	Гах Year
a Total number of	conservation easements		2a			
b Total acreage re	stricted by conservation ease	ments				
c Number of conse	ervation easements on a certi	fied historic structure included in (a	a) 2c			
d Number of conse structure listed in	ervation easements included in the National Register	in (c) acquired after 7/25/06, and n	ot on a historic			
3 Number of conser tax year ►	vation easements modified, tran	nsferred, released, extinguished, or te	rminated by the organizat	ion during th	ie	
4 Number of states	where property subject to conse	ervation easement is located ►				
		egarding the periodic monitoring, in nts it holds?			Yes	No
		inspecting, handling of violations, and				
7 Amount of expens ►\$	ses incurred in monitoring, insp	ecting, handling of violations, and enfo	orcing conservation easen	nents during	the year	
8 Does each conse and section 170	ervation easement reported o (h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section 170(h))(4)(B)(i)	Yes	No
9 In Part XIII, desc include, if applic conservation eas	able, the text of the footnote	ports conservation easements in its to the organization's financial state	s revenue and expense s ements that describes th	statement a e organizat	nd balance s ion's accoun	sheet, and ting for
Part III Organiza Complete	tions Maintaining Colle e if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Other Si art IV, line 8.	milar Ass	sets.	
historical treasu	es, or other similar assets he	r FASB ASC 958, not to report in i Id for public exhibition, education, al statements that describes these	or research in furtheran	d balance s ce of public	sheet works of service, pro	of art, vide in
historical treasure following amoun	s, or other similar assets held f ts relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or rese	earch in furtherance of pul	blic service,	t works of an provide the	ť,
.,		line 1				
2 If the organization amounts require	n received or held works of art, l d to be reported under FASB	historical treasures, or other similar as ASC 958 relating to these items:	ssets for financial gain, pr	ovide the fol	lowing	
		a Instructions for Form 000				000 2021
DAA FOR Paperwork	Reduction Act Notice, see the	e Instructions for Form 990.	IEEA3301L 08/30/21	Sched	rorm) ע פועו	J20) ∠0∠ I

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue	ed)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):	
a Public exhibition d Loan or exchange program	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	1
	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part line 9, or reported an amount on Form 990, Part X, line 21.	īv,
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	
	1
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	back
1 a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment	
b Permanent endowment ► %	
c Term endowment ► %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	No
(i) Unrelated organizations	110
(ii) Related organizations	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, lin	e 10.
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book val	ue
1 a Land	
b Buildings	
c Leasehold improvements	
d Equipment	0.
e Other► Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)►	0.
BAA Schedule D (Form 990)	

Schedule D (Form 990) 2021 AUSCHWITZ INSTITU	TE FOR THE PREV	ENTION	20-4714242	Page 3
Part VII Investments – Other Securities. Complete if the organization answered		N/A	See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market va	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(C)				
(D) (E)				
(F) (G)				
(H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►				
Part VIII Investments – Program Related.		N/A		
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) method of valuation	on: Cost or end-of-year mark	tet value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets.	N/A			
Complete if the organization answered	I 'Yes' on Form 990), Part IV, line 11d.		
· · ·	scription		(b) Book	value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)			
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on F	form 990, Part IV, line 1 iption of liability	1e or 11t. See Form 990,		
1. (a) Descr (1) Federal income taxes			(b) Book	value
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7) (8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FASB ASC 740. Check here if the text of the footnote has				

Schedule D (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION	20-4714242	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part XIII Supplemental Information.		

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

SCHEDULE F (Form 990)	Statement Complete if the or		OMB No. 1545-0047			
 Attach to Form 990. Copertment of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection	
Name of the organization AUSCHWITZ INSTITUTE FOR THE PREVENTION Employer identification OF GENOCIDE AND MASS ATROCITIES 20-4714242 Part I General Information on Activities Outside the United States. Complete if the organization and the organizat						
on Form 990, F	Part IV, line 14b.		e onned States. Complet		IT allsweled Tes	
			substantiate the amount of its gelection criteria used to award			
2 For grantmakers. Descrit United States.	be in Part V the organiz	zation's procedure	s for monitoring the use of its gra	nts and other assistance	outside the	
3 Activities per Region. (The following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
(1) EUROPE	1		DDOCDAM CEDUICES	SEMINARS FOR THE	0	
(I) EUROPE	1		PROGRAM SERVICES	EDUCATION SEMINARS FOR THE	0.	
(2) LATIN AMERICA			PROGRAM SERVICES	EDUCATIONN	0.	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 20 Subtotol						
3 a Subtotal b Total from continuation sheets to Part I						
c Totals (add lines 3a and 3b)		0			0.	

 c Totals (add lines 3a and 3b)...
 1
 0

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

Schedule F (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION

20-4714242

Page 2

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant PART V	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CONSULTING					
				FEES		WIRE			FMV
2 En orc	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
	ter total number of other organization								1
BAA									

Schedule F (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION

(18) BAA

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
(15)							
(16)							
<u>(17)</u>							

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. Part III can be duplicated if additional space is needed.

Page 3

20-4714242

Schedule F (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION 20 Part IV Foreign Forms 20

_			
H	'ar	1e	4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	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)	Yes	X No
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)	Yes	X No
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).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If '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).	Yes	X No
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)	Yes	X No

BAA

TEEA3505L 10/28/21

Schedule F (Form 990) 2021

20-4714242

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 II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEMINARS FOR THE EDUCATION OF GOVERNMENT

OFFICIALS FROM AROUND THE WORLD ON MASS ATROCITY PREVENTION POLICY DEVELOPMENT AND

IMPLEMENTATION.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: CONSULTING FEES AND ADMINSTATIVE EXPENSES RELATED TO PROGRAM SERVICES OF THE US ORGANIZATION IN COOPERATIVE WITH THE FOREIGN ORGANIZATION NAMED ABOVE, FOR SEMINARS HELD IN EUROPE

SCHEDULE J Compensation Information					47			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated		2021					
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 23 Attach to Form 990.	· –	Open to	Duhl	ia			
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest informati	ion.	Inspe		IC.			
	AUSCHWITZ INSTITUTE FOR THE PREVENTION	Employer identification	n number					
	OF GENOCIDE AND MASS ATROCITIES s Regarding Compensation	20-4714242						
Part I Question	s Regarding Compensation			Yes	No			
1 a Check the approp VII, Section A, I	priate box(es) if the organization provided any of the following to or for a person listed on Fo ine 1a. Complete Part III to provide any relevant information regarding these items.	orm 990, Part		163				
First-class c	r charter travel Housing allowance or residence for	r personal use						
Travel for co	pmpanions Payments for business use of pers	onal residence						
Tax indemn	ification and gross-up payments Health or social club dues or initiat	ion fees						
Discretionar	y spending account Personal services (such as maid, c	hauffeur, chef)						
h If any of the base	s on line 1a are checked, did the organization follow a written policy regarding payment or							
	or provision of all of the expenses described above? If 'No,' complete Part III to expl		1b	Х				
	ition require substantiation prior to reimbursing or allowing expenses incurred by all ficers, including the CEO/Executive Director, regarding the items checked on line 1a		2	Х				
			2	X				
Executive Direct	any, of the following the organization used to establish the compensation of the organization of the companization. Check all that apply. Do not check any boxes for methods used by a related organisation of the CEO/Executive Director, but explain in Part III.	inization to						
Compensati	on committee Written employment contract							
Independen	t compensation consultant Compensation survey or study							
Form 990 of	other organizations X Approval by the board or compens	ation committee						
_	_							
organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the tarelated organization:							
	ance payment or change-of-control payment?				Х			
	receive payment from a supplemental nonqualified retirement plan?				X			
	receive payment from an equity-based compensation arrangement? f lines 4a-c, list the persons and provide the applicable amounts for each item in Pa		4 c	_	Х			
ii res to any o		C III.						
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For persons lister contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen ie revenues of:	sation						
a The organization	ז?		5a		Х			
	anization?		5b		Х			
If 'Yes' on line 5a	or 5b, describe in Part III.							
contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen e net earnings of:							
	n?				X			
	anization?		<u>6</u> b		Х			
		ام م						
 ror persons lister payments not de 	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe escribed on lines 5 and 6? If 'Yes,' describe in Part III	∂u 	7		Х			
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	subject						
to the initial con	tract exception described in Regulations section 53.4958-4(a)(3)?		8		v			
			··· 0		Х			
9 If 'Yes' on line 8, section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulat -6(c)?	IONS	9					
	Reduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2021			

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

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio		(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
TIBI GALIS	(i)	178,010.	0.	0.	0.	0.	178,010.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	1	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)				L			
4	(ii)							
	(i)				+			
5	(ii)							
	(i)				+			
6	(ii)							
7	(i) (ii)		+		+			
1	(i) (i)							
8	(i) (ii)		+		+			
<u> </u>	(i)							
9	(ii)		+		+		+	
	(i)							
10	(ii)		+		+			
	(i)							
11	(ii)		+		+			
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)				L			
14	(ii)							
	(i)		+		+		+	
15	(ii)							
	(i)		+		+			
16	(ii)		TEE 4 41001 - 10 10	7/01				
BAA			TEEA4102L 10/2	//21			Schedule .	J (Form 990) 2021

20-4714242

Part III Supplemental Information

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

SCHEDULE L (Form 990)

Department of the Treasury Internal Revenue Service

> (3) (4)

Transactions With Interested Persons

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

Open To Public Inspection

\$

Name of the organization Employer identification number AUSCHWITZ INSTITUTE FOR THE PREVENTION OF GENOCIDE AND MASS ATROCITIES 20-4714242 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations Part I only). 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 disgualified person and (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1) (2)

(5))		
(6)			
2	1000	the organization managers or disqualified period	

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Wr agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1) FRED SCHWARTZ	PRESIDEN	TO PROVI	Х		315,000.			Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

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								
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

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

Schedule L (Form 990) 2021

AUSCHWITZ INSTITUTE FOR THE PREVENT

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.	÷	•	•		

Provide additional information for responses to questions on Schedule L (see instructions).

Department of the Treasury Internal Revenue Service 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	
2021	
Open to Public Inspection	

 Name of the organization
 AUSCHWITZ INSTITUTE FOR THE PREVENTION
 Employer identification number

 OF GENOCIDE AND MASS ATROCITIES
 20-4714242

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE AUSCHWITZ INSTITUTE FOR THE PREVENTION OF GENOCIDE AND MASS ATROCITIES IS DEDICATED TO BUILDING A WORLD THAT PREVENTS GENOCIDE. WE AIM TO SEE EVERY STATE EFFECTIVELY INTEGRATE WITHIN GOVERNMENT THE DOMESTICALLY DEVELOPED FUNCTION OF PREVENTING GENOCIDE AND MASS ATROCITIES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE AUSCHWITZ INSTITUTE FOR THE PREVENTION OF GENOCIDE AND MASS ATROCITIES IS DEDICATED TO BUILDING A WORLD THAT PREVENTS GENOCIDE. WE AIM TO SEE EVERY STATE EFFECTIVELY INTEGRATE WITHIN GOVERNMENT THE DOMESTICALLY DEVELOPED FUNCTION OF PREVENTING GENOCIDE AND MASS ATROCITIES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RAPHAEL LEMKIN SEMINAR FOR GENOCIDE PREVENTION, GLOBAL GOVERNMENT EDITION:

THE GLOBAL RAPHAEL LEMKIN SEMINAR FOR GENOCIDE PREVENTION IS ONE OF THE MAIN PILLARS OF OUR WORK. THE SEMINAR IS ORGANIZED IN PARTNERSHIP WITH THE AUSCHWITZ-BIRKENAU STATE MUSEUM AND THE UN'S JOINT OFFICE OF THE SPECIAL ADVISERS ON THE PREVENTION OF GENOCIDE AND THE RESPONSIBILITY TO PROTECT. EACH WEEK-LONG PROGRAM BRINGS TOGETHER TWENTY TO TWENTY-FIVE GOVERNMENT OFFICIALS FROM AT LEAST FIFTEEN STATES RANGING FROM AT-RISK, IN CRISIS, AND POST CONFLICT STATES, TO DONOR COUNTRIES AND THOSE INACTIVE IN THE INTERNATIONAL HUMAN RIGHTS ARENA. THE SEMINAR WELCOMES PARTICIPANTS WHO HAVE PROFESSIONAL RESPONSIBILITIES IN RELEVANT AREAS, INCLUDING ATROCITY PREVENTION, HUMAN RIGHTS, INTERNATIONAL CRIMINAL JUSTICE, AMONG OTHERS. THROUGH THE "POWER OF PLACE," WE PROVIDE OUR PARTICIPANTS WITH THE OPPORTUNITY TO MAKE A PERSONAL INVESTMENT AND COMMITMENT TO THE FIELD OF GENOCIDE PREVENTION. AIPR HAS LEARNED FROM PREVIOUS EXPERIENCE THAT ONLY WHEN THERE IS THIS EMOTIONAL CONNECTION DOES THE MOTIVATION TO ACT STAY WITH OUR PARTICIPANTS WHEN THEY RETURN HOME.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NETWORK OF OFFICIALS FROM COUNTRIES AROUND THE GLOBE WHO HAVE ATTENDED LEMKIN SEMINARS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE LATIN AMERICAN NETWORK FOR GENOCIDE AND MASS ATROCITY PREVENTION:

THE AUSCHWITZ INSTITUTE FOR PEACE AND RECONCILIATION, THROUGH ITS LATIN AMERICA PROGRAMS, SERVES AS TECHNICAL SECRETARIAT OF THE LATIN AMERICAN NETWORK FOR GENOCIDE AND MASS ATROCITY PREVENTION. LAUNCHED IN MARCH 2012, THE NETWORK IS THE WORLD'S LEADING INITIATIVE FOSTERING CAPACITY BUILDING AND POLICY DEVELOPMENT IN THIS FIELD. FORMER UN SECRETARY-GENERAL BAN KI-MOON HAS CALLED THE LATIN AMERICAN NETWORK AN EFFECTIVE "PARTNERSHIP FOR PREVENTION."

THE NETWORK PROVIDES A SPACE FOR THE EXCHANGE OF BEST PRACTICES FOR PUBLIC OFFICIALS. AMONG ITS GOALS, THE NETWORK AIMS TO INSTITUTIONALIZE A CULTURE OF GENOCIDE PREVENTION THROUGHOUT LATIN AMERICA'S GOVERNMENTS, WHICH CAN SERVE AS AN EXAMPLE TO BE FOLLOWED IN OTHER REGIONS WORLDWIDE. THIS IS ACHIEVED THROUGH NATIONAL PROGRAMS, REGIONAL INITIATIVES, AND A CURRICULUM ON GENOCIDE AND MASS ATROCITY PREVENTION, FINALIZED AND APPROVED BY ALL MEMBER STATES. AS TECHNICAL SECRETARIAT, THE AUSCHWITZ INSTITUTE SUPPORTS ALL PARTICIPATING INSTITUTIONS OF MEMBER STATES OF THE NETWORK BY CO-ORGANIZING TRAINING SEMINARS AND BY ASSISTING IN THE DEVELOPMENT OF A UNIFIED NATIONAL POLICY ON GENOCIDE PREVENTION. MEMBER COUNTRIES OF THE NETWORK INCLUDE: ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS, MÉXICO, NICARAGUA, PANAMÁ, PARAGUAY, PERÚ, URUGUAY, AND VENEZUELA.

THE LATIN AMERICAN CURRICULUM ON GENOCIDE AND MASS ATROCITY IS PILOTED THROUGH BI-ANNUAL LEMKIN SEMINARS HELD ON THE SITE OF THE FORMER GERMAN NAZI CONCENTRATION AND EXTERMINATION CAMP AUSCHWITZ-BIRKENAU IN OSWIECIM, POLAND, AND AT PREDETERMINED LOCATIONS IN LATIN AMERICA. THE LATIN AMERICAN EDITION OF THE LEMKIN

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SEMINARADDRESSES THE REGION'S CURRENT REALITIES AND THE STRENGTHS OF THE REGIONAL SYSTEM IN DEALING WITH 1) SYSTEMATIC HUMAN RIGHTS ABUSES OF THE PAST; 2) THE RIGHTS OF INDIGENOUS PEOPLES; AND 3) THE RIGHTS OF POLITICAL GROUPS. SEMINAR PARTICIPANTS WILL BECOME THE INSTRUCTORS THAT ARE FACILITATING THE NATIONAL IMPLEMENTATION OF THE CURRICULUM IN THEIR RESPECTIVE COUNTRIES AFTER 2016.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION POLICIES PROGRAM:

THE EDUCATIONAL POLICIES PROGRAM FOCUSES ON THREE MAIN AREAS OF WORK:

1. PROVIDING SUPPORT TO STATE INSTITUTIONS WITH COMPETENCIES IN FORMAL EDUCATION AND NON-FORMAL EDUCATIONAL PROGRAMMING IN THE DEVELOPMENT OR STRENGTHENING OF EDUCATIONAL POLICIES AND PROGRAMS FORMULATED FOR YOUNGER GENERATIONS THAT PROMOTE THE PREVENTION OF GENOCIDE OR OTHER MASS ATROCITIES.

2. PARTICIPATING IN AND PROMOTING EXCHANGE BETWEEN PRACTITIONERS AND RESEARCHERS WORKING IN SIMILAR FIELDS. TAKING PLACE AT THE NATIONAL, REGIONAL AND INTERNATIONAL LEVELS, THIS EFFORT FOCUSES ON THE IDENTIFICATION OF BEST PRACTICES, INCREASING THE FLOW OF INFORMATION, AND THE GENERATION OF NEW KNOWLEDGE RELATED TO THE MOST EFFECTIVE WAYS IN WHICH, WITHIN A BROADER AND MORE AMBITIOUS FRAMEWORK, EDUCATIONAL POLICIES CAN CONTRIBUTE TO THE ACHIEVEMENT OF SPECIFIC OBJECTIVES IN THE PREVENTION OF GENOCIDE AND MASS ATROCITIES.

3. DEVELOPING AND DISSEMINATING RESEARCH IN THE FIELD OF EDUCATION AND ATROCITY PREVENTION. ROOTED IN AN INTERNATIONAL COMPARATIVE APPROACH, THE PROGRAM EMPHASIZES THE SPREAD OF KNOWLEDGE RELATED TO WAYS IN WHICH EDUCATIONAL POLICIES AND PROGRAMS CAN BE BETTER CRAFTED TO PROMOTE THE PREVENTION OF GENOCIDE AND OTHER MASS ATROCITIES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

AFRICAN PROGRAMMING:

REGIONAL AND SUB-REGIONAL PROGRAMS IN GENOCIDE AND MASS ATROCITY PREVENTION. TODAY, WE ARE DIRECTLY WORKING WITH INDIVIDUAL PRACTITIONERS, REGIONAL ORGANIZATIONS, AND NATIONAL MECHANISMS ON GENOCIDE AND MASS ATROCITY PREVENTION CAPACITY BUILDING ACROSS THE AFRICAN CONTINENT. OUR PROGRAMS IN AFRICA AIM TO FAMILIARIZE AUC OFFICIALS, EAC OFFICIALS, AND MEMBER STATES WITH THE CONCEPT OF GENOCIDE, ITS RELATION TO THE BROADER CATEGORY OF MASS ATROCITY, AND THE PROCESS BY WHICH GENOCIDE OCCURS. SINCE 2014, AIPG HAS ORGANIZED CAPACITY BUILDING SEMINARS IN KENYA, TANZANIA, UGANDA, AND ZAMBIA TO SUPPORT NATIONAL COMMITTEES ON THE PREVENTION AND PUNISHMENT OF THE CRIME OF GENOCIDE, WAR CRIMES, CRIMES AGAINST HUMANITY AND ALL FORMS OF DISCRIMINATION IN THESE COUNTRIES AND THROUGHOUT THE GREAT LAKES REGION.

THE AIPG NATIONAL SEMINAR FOR LAW ENFORCEMENT ON CIVIL

AND HUMAN RIGHTS PROTECTION:ONGOING CAPACITY BUILDING SEMINARS FOR LOCAL POLICE OFFICERS IN THE MAJOR CITIES OF THE UNITED STATES ON THE PROTECTION OF CIVIL AND HUMAN RIGHTS. THIS PROGRAM IS IN COOPERATION WITH THE NATIONAL CENTER FOR CIVIL AND HUMAN RIGHTS OF ATLANTA, THE U.S. FBI CIVIL RIGHTS UNIT & THE FBI INTERNATIONAL HUMAN RIGHTS UNIT.

GOOD PRACTICES AT THE INTERSECTION OF SDG 16 AND ATROCITY PREVENTION:

-IN MID-2021, AIPG LAUNCHED THE PROJECT ENTITLED, GOOD PRACTICES AT THE INTERSECTION OF SDG 16 AND ATROCITY PREVENTION. THIS PROGRAM CONSISTS OF AN 18-MONTH RESEARCH PROJECT TO IDENTIFY PROGRAMS AND POLICIES THAT ADVANCE BOTH THE STRENGTHENING OF INSTITUTIONS THAT PROMOTE PEACEFUL, JUST, AND INCLUSIVE SOCIETIES AS WELL AS THE PREVENTION OF IDENTITY-BASED VIOLENCE. THIS IS BEING ACHIEVED THROUGH A COMBINATION OF DESKTOP RESEARCH AS WELL AS IN-PERSON AND REMOTE INTERVIEWS WITH RELEVANT

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

STAKEHOLDERS. THESE STAKEHOLDERS INCLUDE GOVERNMENT OFFICIALS WORKING IN MINISTRIES OF FOREIGN AFFAIRS OR DEVELOPMENT AGENCIES, AS WELL AS INTERNATIONAL AND LOCAL CIVIL SOCIETY EXPERTS THAT ARE FAMILIAR WITH GOVERNMENT POLICY. THE RESEARCH PRODUCED THOUGH THIS PROGRAM WILL ASSIST LOCAL, NATIONAL, AND INTERNATIONAL PROPONENTS OF SDG 16 AND ATROCITY PREVENTION TO MORE EFFICIENTLY ALLOCATED THEIR RESOURCES AND SUPPORT IN ORDER TO ACHIEVE GREATER RESULTS AND IMPACT FOR BOTH AGENDAS.

COUNTERING DISTORTION OF THE GENOCIDE OF THE ROMA IN SOUTHEASTERN EUROPE: - A KEY ELEMENT FOR DEVELOPING ANTI-RACISM STRATEGIES AND ANTI-DISCRIMINATION POLICIES AND PRACTICES: IN 2021 AIPG LAUNCHED THE PROJECTED ENTITLED, COUNTERING DISTORTION OF THE GENOCIDE OF THE ROMA IN SOUTHEASTERN EUROPE - A KEY ELEMENT FOR DEVELOPING ANTI-RACISM STRATEGIES AND ANTI-DISCRIMINATION POLICIES AND PRACTICES. THE GOAL OF THIS PROJECT WAS TO BUILD ON PREVIOUS WORK DONE ON THE TOPIC WHICH HAD IDENTIFIED THAT THERE WAS A SIGNIFICANT GAP IN KNOWLEDGE REGARDING THE EXPERIENCES OF ROMA COMMUNITIES DURING WORLD WAR II, AND SPECIFICALLY REGARDING THE GENOCIDE THAT WAS COMMITTED AGAINST THEM. THROUGH THIS RESEARCH, CARRIED OUT IN ELEVEN COUNTRIES IN SOUTHEASTERN EUROPE, AIPG AND THE FRANÇOIS-XAVIER BAGNOUD CENTER FOR HEALTH AND HUMAN RIGHTS AT HARVARD UNIVERSITY (FXB CENTER) DEVELOPED A COMPARATIVE STUDY THAT ASSESSES THE CURRENT LEVEL OF KNOWLEDGE REGARDING THE ROMA GENOCIDE IN THE SOUTHEASTERN EUROPEAN PUBLIC SPHERE, MAPPING PATTERNS OF DISTORTION AND THEIR SUBSEQUENT INSTRUMENTALIZATION IN DISCRIMINATION AND SCAPEGOATING PROCESSES TARGETING ROMA PEOPLE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE PRESIDENT IS AUTHORIZED BY THE BOARD TO REVIEW AND APPROVE THE 990 PRIOR TO SUBMISSION

Name of the organization AUSCHWITZ INSTITUTE FOR THE PREVENTION OF GENOCIDE AND MASS ATROCITIES

Employer identification number 20-4714242

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST

	_		• • •								OMB No. 154	45-0047	,
SCHEDULE R (Form 990)			Organizatio	ered 'Yes' o	n Form 990.			•			202	21	
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 										Open to I Inspect		:
	SCHWITZ INSTITUTE FOR GENOCIDE AND MASS ATR									Employer identif 20-47142		r	
Part I Identification	n of Disregarded Entities. C	omplete	if the organiza	ation answ	vered 'Yes	s' on Form	n 990,	Part IV, line	33.				
Name, address, and	(a) I EIN (if applicable) of disregarded er	ntity	(b) Primary a	ctivity	(c Legal dom or foreign	icile (state	То	(d) otal income	End-o	(e) f-year assets	Direct co	(f) ontroll ntity	ing
(1)													
(2)			-										
(3)													
Part II Identification	n of Related Tax-Exempt Or	ganizati	ons. Complete	e if the ord	anization	answered	l 'Yes'	on Form 99	0, Part	IV, line 34,	because	it	
had one or m	nore related tax-exempt orga	anization	s during the ta	ax year. `	•				,				
Name, address, and	(a) EIN of related organization	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt (sectio		(e) Public charity (if section 501		(f) Direct contro entity	olling Se con	(g) ec 512(b ntrolled	ı)(13) entity?
								ļ			Y	/es	No
(1) INSTYTUT AUSCH	HWITZ NE RZECZ POKPJU ANA SKARBKA 5	PREVI	ΕΝΤΤΟΝ ΟΓ										

<u>POJEDNANIA, JANA SKARBKA 5</u> OSWIECIM, OSWIECIM 32-600 POLAND	PREVENTION OF GENOCIDE THROUGH				
OSWIECIM, OSWIECIM_S2-000_POLAND_	EDUCATION	POLAND	LINE 7	N/A	х
(2) THE AUSCHWITZ INSTITUTE FOR PEACE PLOT 1-3 CORAL CRESCENT, LOWER KOL		- TOTAND			
KAMPALA, KAMPALA_UGANDA				N/A	Х
(3) THE AUSCHWITZ INSTITUTE FOR PEACE AV ROQUE SAENZ PENA 615, PISO 5, O BUENOS AIRES, BUENOS AIRES 1035 AR				N/A	X

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

Schedule R (Form 990) 2021 AUSCHWITZ INSTITUTE FOR THE PREVENTION

20-4714242 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		0			•	0	2							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controllin entity	excluded from under section	elated, inco m tax ions	of total	Sha end-c	g) ire of of-year sets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in bo 20 of Schedu K-1 (Form	x Gene x mana le part	aging ner?	(k) Percentage ownership
		country)		512-514)				Yes	No	1065)	Yes	No	
<u>(1)</u>														
(2)														
<u>(3)</u>	-													
Part IV Identification of line 34, because	of Related Orga se it had one or	nizations more rela	Taxable a ated organi	s a Corporation	on or Trust. C d as a corpor	omplete ation or t	if the c trust du	organizat uring the	tion a tax y	nswei ear.	red 'Yes' on	Form 9	90, Pa	art IV,
(a) Name, address, and EIN	of related organizat	ion Prim	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, or tru	S corp,	(f) Share total inc	e of		(g) are of end-of- year assets	(h) Percentag ownershi	o contr	(i) 512(b)(13) rolled entity?
							/						Ye	es No
<u>(1)</u> 		 												
(2)														

BAA

(3)

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х			
b Gift, grant, or capital contribution to related organization(s)			1 b		Х			
c Gift, grant, or capital contribution from related organization(s).			1 c		Х			
d Loans or loan guarantees to or for related organization(s).			1 d		Х			
e Loans or loan guarantees by related organization(s)			1 e		Х			
f Dividends from related organization(s)			1 f		Х			
g Sale of assets to related organization(s)			1 g		Х			
h Purchase of assets from related organization(s)			1 h		Х			
i Exchange of assets with related organization(s)			1i		Х			
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х			
Performance of services or membership or fundraising solicitations for related organization(s)			11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		Х			
o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses			1р		Х			
q Reimbursement paid by related organization(s) for expenses.			1 q		Х			
r Other transfer of cash or property to related organization(s)			1r		Х			
s Other transfer of cash or property from related organization(s)			1 s		Х			
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cove	red relationships and tran	saction thresholds.						
(a) Name of related organization	(b) Transaction	(c) Amount involved Meth	d) nod of c	l) Notorm	inina			
Name of related organization	type (a-s)	Amount involved inieti	mount	involve	ed			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
BAA TEEA5003L 09/21/21		Schedule F	(Form	1 990)	2021			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	lated, excluded organization		tion	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	ł
(1)													
	-												
(2)													
]												
	-												
(3)													
	-												
(4)													
	-												
	-												
	-												
(6)	-												
	-												
	-												
(7)	-												
	-												
(8)													
]												
										Schodu			

BAA

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.