Form <b>990-T</b>	E>	kempt Organization	Bu	siness Income der section 6033(	Tax Retui	rn	OMB No 1545-0047	N			
rom OOO I	For cale	and proxy ta. ndar year 2019 or other tax year begi	6	୬ଲ4∩ :	9						
Department of the Treasury	l oi caio	►Go to www.irs.gov/Form996			- <del></del>		<u> </u>	မ			
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	ြိမ်			
A Check box if address changed		Name of organization ( Check box if name changed and see instructions )  D Employer identification number (Employees' trust, see instructions )									
B Exempt under section	1	HIAS, INC.									
X 501( C <u>M</u> 3 )	Print	Number, street, and room or suite no. If a P.O. box, see instructions 13-5633307									
408(e) 220(e)	Type	E Unrelated business activity code									
408A530(a)		1300 SPRING STREET 500 (See instructions)									
529(a)		City or town, state or province, count	•	• .				0			
C Book value of all assets at end of year		SILVER SPRING, MD 2		<del></del>		45		$\mathcal{O}$			
05 174 022		up exemption number (See instruc	<u>_</u>		<u>,</u>	T	1 1 2				
		eck organization type   X 50		<del> </del>	trust	401(a)		1-,			
trade or business her	_	inization's unrelated trades or busing	esses				y (or first) unrelated re than one, describe the	•			
		end of the previous sentence, co	molete								
trade or business, the			p.o.c	Tarto Faria II, complete a c	oriculate ivi for cal	or additio	n lai				
		corporation a subsidiary in an affi	liated g	roup or a parent-subsidiary	controlled group?		Yes X No	•			
If "Yes," enter the na	ame and	identifying number of the parent co	rporati	on 🕨							
		RANK BOCCOVI, CONTRO	LLER	Telephor	ne number ▶ 30	1-844	-7300	1			
		or Busines's Income		(A) Income	(B) Expen	ses	(C) Net				
1a Gross receipts or s	_			12.464							
b Less returns and allowa			_	13,464.							
		ule A, line 7)		11,353. 2,111.	<u>'</u>		2,111.				
		2 from line 1c	3 4a	2,111.			2,111.				
		Part II, line 17) (attach Form 4797)	4b				<del> </del>				
* · · · · ·		rusts	-	-							
		r an S corporation (attach statement)		7			<del></del>				
		• • • • • • • • • • • • • • • • •	6								
		come (Schedule E)	7	'							
8 Interest, annuities, roya	ilties, and rei	nts from a controlled organization (Schedule F	8_		_						
		1(c)(7), (9), or (17) organization (Schedule G)	9								
		ncome (Schedule I)	10								
		ule J)	11								
		tions, attach schedule)		2,111.			2,111.				
13 Total. Combine lin	ns Not	ough 12			eductions ) (F	)educti					
		ne unrelated business incom		713 101 11111111111111111111111111111111	cuucions.) (L	,caucii	ons must be directly				
		directors, and trustees (Schedule K)				. 14					
15 Salaries and wage	s					. 15					
16 Repairs and maint	tenance .	<i></i>			<i></i>	. 16					
17 Bad debts		/		1. 1. l. l	· · · · · · · · · · · · · · · · · · ·	. 17					
18 Interest (attach so	:hedule) (	see instructions)		1.1.1.1	. <i>.</i>	. 18	<u> </u>				
						. 19					
		4562)				<b>⊢</b>					
		on Schedule A and elsewhere on re				21b					
22 Depletion	oferred c	compensation plans				. 22					
							<del> </del>				
25 Excess exempt ex	penses (S	Schedule I).				25					
26 Excess readership	costs (Sc	chedule J)			. <b></b>	26					
27 Other deductions	(attach so	chedule)			.ATCH.1.	27	3,600.				
		s 14 through 27					3,600.				
29 Unrelated busines	s taxabl	e income before net operating	loss	deduction Subtract line	28 from line 1:	3 29	-1,489.				
		g loss arising in tax years beginnir									
		e income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	. 31	-1,489.				
For Paperwork Reducti	OIT ACT N	ouce, see mistructions.					Form <b>990-T</b> (2019)				

29

Pai	rt III Total Unrelated Business Taxable Income				
32 /	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e A			
•	instructions)	. 32		-1,4	489
33	Amounts paid for disallowed fringes	_H_			
34	Charitable contributions (see instructions for limitation rules)	-			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract lig	<del></del>			
33		S. 35		-1,4	489
	34 from the sum of lines 32 and 33				
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 4-			
	instructions)	/ L			400
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	ii ii		-1,4	189
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38			
39	Unrelated business taxable Income. Subtract line 38 from line 37 If line 38 is greater than line 37	' <b>(</b>			
	enter the smaller of zero or line 37	<i>0</i>   39		-1,4	489
Par	t IV Tax Computation	1			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax or				
•••	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42					
	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)		<del></del>		
44	Tax on Noncompliant Facility Income. See Instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45			
_	t V Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	_			
b	Other credits (see instructions)				
C	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		I		
е	Total credits. Add lines 46a through 46d	. 46e	ı		
47	Subtract line 46e from line 45	. 47			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
49	Total tax. Add lines 47 and 48 (see instructions)				0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				
		.   30			
51 a	· · · · · · · · · · · · · · · · · · ·	_			
D	2019 estimated tax payments				
С	•	_			
	Foreign organizations Tax paid or withheld at source (see instructions)	_			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 51f				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 51g				
52	Total payments. Add lines 51a through 51g	. 52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54		33			
	, , ,	<b>→</b> 54			
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54			
55	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55			
55 56	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<ul><li>▶ 54</li><li>▶ 55</li><li>▶ 56</li></ul>			
55 56 Par	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<ul> <li>54</li> <li>55</li> <li>56</li> </ul>	Sutherity	Vas	No.
55 56	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other	- 1	Yes	No
55 56 Par	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other	ve to file	Yes	No
55 56 Par	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other	ve to file		No
55 56 Par	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have	ve to file	Yes	
55 56 Par	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have	ve to file		No X
55 56 Par 57	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have	ve to file		
55 56 Par 57	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have	ve to file		
55 56 Par 57	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have e foreign	ve to file n country	х	X
55 56 Par 57 58	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 ons) or other may have e foreign reign trus	ve to file n country	X ind believed	X ef, it i
55 56 Par 57	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 Sons)  or other may have a foreign trus  reign trus  May the	ve to file n country  t?	X and believe this re-	X ef, it i
55 56 Par 57 58 59	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 Sons)  or other may have a foreign trus  reign trus  May the	ve to file n country  t?  IRS discuss preparer shi	X this reown b	X ef, it i
55 56 Par 57 58 59	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54 ▶ 55 ▶ 56 ons) or other may have a foreign trus reign trus e best of m May the with the (see instruct	ve to file in country  t?  IRS discuss preparer shions)? X Ye	X this reown b	X ef, it is
55 56 Par 57 58 59	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 Ons) or other may have e foreign reign trus e best of m May the with the (see instruct)	ve to file in country  t?  IRS discuss preparer shrons)? X Ye  F PTIN	X ind belief this recown b	X ef, it is eturn nelow No
55 56 Par 57 58 59 Sign Her	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54 ► 55 ► 56 Ons) or other may have e foreign reign trus e best of may the with the (see instruct)	ve to file in country  t?  IRS discuss preparer shippons)? X Ye  PTIN P0084	X this recown b	X ef, it is etum pelow No
55 56 Par 57 58 59 Sign Her Paid Prep	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		ve to file in country  t?  IRS discuss preparer shippons)? X Ye  PTIN P0084	this recown b	X ef, it is etum pelow No

Page 2

Form 990-T (2019)							Page 3	
Schedule A - Cost of G	oods Sold. E	nter metho	d of inventory valua	ition ▶				
1 Inventory at beginning of					of year	. 6		
	Purchases 2				s sold. Subtract line			
3 Cost of labor			6 f	om line 5	Enter here and in Par	t		
4a Additional section 263A c	osts		I, lu	e 2		. 7		
(attach schedule)	4a				of section 263A		s No	
<b>b</b> Other costs (attach schedu					ced or acquired f	• • —		
5 Total. Add lines 1 through					n <sup>2</sup>		-   -	
Schedule C - Rent Incom	e (From Real F	roperty a	nd Personal Pro	perty Leas	ed With Real Prop	erty)		
(see instructions)	•			•	•			
Description of property								
(1)							•	
(2)								
(3)						•		
(4)								
	2. Rent rece	ved or accru	ed					
(a) From personal property (if the	percentage of rent	(b) F	rom real and personal p	roperty (if the	3(a) Deductions	directly connected with the ii	ncome	
for personal property is more ti	nan 10% but not	percent	age of rent for personal	property exceed	s in columns	in columns 2(a) and 2(b) (attach schedule)		
more than 50%	)	50% oi	of the rent is based on a	profit or income				
1)	-							
(2)								
3)								
(4)							_	
Total	· <del>-</del>	Total						
c) Total income. Add totals of o	olumns 2(a) and 2	(b) Enter			(b) Total deduct Enter here and			
nere and on page 1, Part I, line 6	S, column (A)	` <b>▶</b>			Part I, line 6, col			
Schedule E - Unrelated D			e instructions)			· · · · · · · · · · · · · · · · · · ·		
			2 Gross income from	n or		onnected with or allocable to		
1. Description of de	bt-financed property		allocable to debt-fina	read ——	debt-final Straight line depreciation	nced property		
			property	(a) 3	(attach schedule)	(attach schedule)		
1)								
2)							-	
3)								
(4)								
4. Amount of average	5 Average adju		5.0-1					
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		6. Column 4 divided		Gross income reportable	8. Allocable deduction (column 6 x total of column 6 x total of co		
property (attach schedule)	(attach sch		by column 5	, (	olumn 2 x column 6)	3(a) and 3(b))		
1)				%			-	
				%	-			
3)				%				
4)				%				
<u> </u>	·		<u> </u>		r here and on page 1,	Enter here and on pa	ge 1.	
					I, line 7, column (A)	Part I, line 7, column		
Fotals	· · · · · · · · · · · · · · · · · · ·			.▶∟				

Form **990-T** (2019)

Schedule F - Interest, Ann	iuities, Royaltie	<del></del>		ontrolled Or			ations (se	e instructi	ions)	
Name of controlled organization	2. Employer identification num	ן ופטו		lated income instructions)	1	4. Total of specified includ		Part of column 4 that is uded in the controlling inization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)			_							
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specific payments made		incl				Deductions directly nnected with income in column 10
(1)							<u>_</u>			
(2)										
(3)						1				
(4)	<u></u>						•			
Totals		ction 501	<u></u> I(c)(7).	(9), or (17	▶	Ent Par	d columns 5 ar here and on t I, line 8, columns 5 on (see ins	page 1, ımn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount o			3. Deduction directly contact (attach sch	tions inected		4. Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	column (A)	ther Th	an Adverti	sing Ir	ncome	(see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	enses city ed with ion of sited	4. Net incomfrom unrelate or business 2 minus coll If a gain, cc cols 5 thro	ne (loss) ed trade (column umn 3) impute	5. Gross income from activity that attributable		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-									
(2)										<del></del>
(3)										<del>-</del>
(4)				-						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,	1 ,			Enter here and on page 1, Part II, line 25			
Totals		4		<u> </u>						
Schedule J- Advertising In					•	_				<del></del>
Part I Income From Peri	lodicals Report	ted on a (	Jonsol	dated Bas	IS			1		<del>_</del>
1. Name of periodical ,	2. Gross advertising income	3. Dir advertisin		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)								_		-
(2)	·							<del> </del>		1
(3)	·				_ 1					<del> </del>
(4)			-	-				<del>-</del>		<del>                                     </del>
V - 7				<del> </del>				<u> </u>		<del>-  · · · · · · · · · · · · · · · · · · ·</del>
Totals (carry to Part II, line (5))	ļ									Form <b>990-T</b> (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		·
(2)						
(3)						
(4)						
Totals from Part I ▶				•	_	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		;		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
)		%	
2)		%	
)		%	
)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

3,600.

PART II - LINE 28 - OTHER DEDUCTIONS

3,600.

HIAS, INC.

EIN: 13-5633307

Form 990-T, Part II, Line 31 FYE 12/31/2019

**Unrelated Trade or Business: Online Sales** 

Net Operating Loss Arising in Tax Years Beginning After January 1, 2018

Fiscal Year Ended	Net Operating (Loss) Incurred	Net Operating Loss Used	NOL Carryforward available for next year	Period NOL used
12/31/2018	(1,309)	-	(1,309)	N/A
12/31/2019	(1,489)	-	(2,798)	N/A
Carryforward to FYE	12/31/2020		(2,798)	

HIAS, INC.

EIN: 13-5633307

Form 990-T, Part VI, Line 57 FYE 12/31/2019

## **Financial Accounts in Foreign Countries**

HIAS Inc. had an interest in or a signature or other authority over a financial account (bank, securities, other) in the following countries.

Aruba, Austria, Chad, Costa Rica, Ecuador, France, Greece, Israel, Kenya, Panama, Republic of Georgia, Russia, Uganda, Ukraine, and Venezuela