

Form **990**
Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization: HIAS Inc
 % FRANK BOCCOVI CONTROLLER
 Doing business as

D Employer identification number: 13-5633307

E Telephone number: (301) 844-7300

G Gross receipts \$ 67,202,528

F Name and address of principal officer:
 Mark Hetfield
 1300 Spring Street Ste 500
 Silver Spring, MD 20910

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.hias.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1881 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 HIAS IS THE GLOBAL JEWISH ORGANIZATION THAT RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE & STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY AND FREEDOM.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	145
6 Total number of volunteers (estimate if necessary)	6	437
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,464
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,489

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	46,527,210	52,305,704
9 Program service revenue (Part VIII, line 2g)	894,500	966,922
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,823,425	2,004,604
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	334,557
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,245,135	55,611,787
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,690,772	16,568,278
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,662,329	22,933,568
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,024,091		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,980,053	18,288,623
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,333,154	57,790,469
19 Revenue less expenses. Subtract line 18 from line 12	5,911,981	-2,178,682

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	70,175,662	85,174,923
21 Total liabilities (Part X, line 26)	21,018,313	30,689,695
22 Net assets or fund balances. Subtract line 21 from line 20	49,157,349	54,485,228

Part II Signature Block

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

Sign Here

 Signature of officer: FARHAN IRSHAD COO
 Date: 2020-11-16
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Grant Thornton LLP
 Preparer's signature: [Signature]
 Date: [Date]
 Check if self-employed
 PTIN: P00847851
 Firm's EIN: [EIN]
 Firm's address: 1000 WILSON BLVD SUITE 1400 ARLINGTON, VA 22209
 Phone no. (703) 847-7500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 32,318,485 including grants of \$ 9,300,244) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 10,041,153 including grants of \$ 5,696,567) (Revenue \$ 966,922)
See Additional Data

4c (Code:) (Expenses \$ 2,769,974 including grants of \$ 1,571,467) (Revenue \$ 0)
See Additional Data

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

4e Total program service expenses ▶ 45,129,612

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, d, e, f, g, h). Columns include question text, a grid for 'Yes/No' answers, and a column for numerical values (e.g., 145, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b). Questions cover topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection of Form 990, and disclosure of governing documents.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	21,409,292		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,896,412		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f		52,305,704			

Program Service Revenue		Business Code				
2a	MIGRANT LOAN PROCESSING FEES	900099	545,188	545,188	0	0
b	SERVICE FEE & OTHER REVENUE	900099	421,734	408,270	13,464	0
c						
d						
e						
f	All other program service revenue.					
g Total.	Add lines 2a-2f.		966,922			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		905,641			905,641	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,689,704			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	11,590,741			
		c Gain or (loss)	7c	1,098,963			
	d Net gain or (loss)			1,098,963		1,098,963	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
			8b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities. See Part IV, line 19	9a		0				
		9b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	10a		0				
		10b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a	FOREIGN EXCHANGE GAIN/LOSS	900099	334,557	0	0	334,557	
b							
c							
d	All other revenue						
e Total.	Add lines 11a-11d		334,557				
12 Total revenue.	See instructions		55,611,787	953,458	13,464	2,339,161	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,455,822	8,455,822		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	8,112,456	8,112,456		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,219,595	191,869	812,610	215,116
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			
7 Other salaries and wages	14,620,195	8,970,945	4,445,493	1,203,757
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	425,572		425,572	
9 Other employee benefits	5,141,689	3,088,117	1,625,692	427,880
10 Payroll taxes	1,526,517	823,924	702,593	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,041,431	1,027,942		13,489
c Accounting	240,687	12,462	228,225	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	394,351		394,351	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,498,790	1,399,059	1,007,459	92,272
12 Advertising and promotion	470,940	121,493	248,697	100,750
13 Office expenses	592,676	209,761	371,409	11,506
14 Information technology	1,383,887	857,770	420,155	105,962
15 Royalties	0			
16 Occupancy	2,719,144	1,451,836	1,266,888	420
17 Travel	1,897,976	1,355,254	497,880	44,842
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	92,882	19,390	73,492	
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPORT	381,116	374,662	1,893	4,561
b INDIRECT COST	0	3,109,006	-3,109,006	0
c MEMBERSHIP & SUBSCRIPTION	154,500	20,769	120,617	13,114
d PROGRAM SUPPLIES	376,606	376,606	0	0
e All other expenses	6,043,637	5,150,469	102,746	790,422
25 Total functional expenses. Add lines 1 through 24e	57,790,469	45,129,612	9,636,766	3,024,091
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	6,407,908	2	5,833,698
	3 Pledges and grants receivable, net	4,920,686	3	5,687,314
	4 Accounts receivable, net	66,426	4	234,387
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	412,078	9	554,166
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,326,369		
	b Less: accumulated depreciation	10b 1,197,229	949,357	10c 1,129,140
	11 Investments—publicly traded securities	31,847,138	11	40,737,795
	12 Investments—other securities. See Part IV, line 11	25,572,069	12	24,788,685
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	6,209,738
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,175,662	16	85,174,923	
Liabilities	17 Accounts payable and accrued expenses	6,085,409	17	4,315,161
	18 Grants payable	0	18	325,995
	19 Deferred revenue	0	19	4,927,008
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	14,932,904	25	21,121,531
	26 Total liabilities. Add lines 17 through 25	21,018,313	26	30,689,695
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,472,649	27	47,640,194
	28 Net assets with donor restrictions	5,684,700	28	6,845,034
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	49,157,349	32	54,485,228	
33 Total liabilities and net assets/fund balances	70,175,662	33	85,174,923	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,611,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,790,469
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,178,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,157,349
5	Net unrealized gains (losses) on investments	5	7,075,435
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-279,449
9	Other changes in net assets or fund balances (explain in Schedule O)	9	710,575
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,485,228

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-5633307

Name: HIAS Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

Form 990, Part III, Line 4b:

SEE SCHEDULE O.

Form 990, Part III, Line 4c:

SEE SCHEDULE O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Hetfield President and CEO	35.0 0.0			X				359,084	0	28,427
Farhan Irshad Chief Operating Officer	35.0 0.0			X				206,682	0	40,656
Melanie Nezer Senior VP, Public Affairs	35.0 0.0				X			186,686	0	58,241
Francine S Stein Senior Advisor	35.0 0.0					X		232,121	0	9,046
Elizabeth Sweet Chief of Staff	35.0 0.0			X				180,054	0	36,648
Hayford Mensah Chief Financial Officer	35.0 0.0					X		158,039	0	57,643
Miriam Feffer VP Development	35.0 0.0					X		166,929	0	42,149
Muluemebet Hunegnaw VP, Strategy & Measurement	35.0 0.0			X				150,559	0	45,797
Raphael Marcus Senior VP Programs	35.0 0.0			X				191,868	0	0
Emily Russ Austria Country Director	35.0 0.0					X		150,792	0	24,348

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jessica Reese Dir, Strategic Partnerships	35.0 0.0					X		160,200	0	8,042
Dianne F Lob Ex-Officio from 7/1/2019	5.0 0.0	X		X				0	0	0
Rene Lerer Director	1.0 0.0	X						0	0	0
Ann F Cohen Director, to 6/30/2019	3.0 0.0	X						0	0	0
Lana Alman Director, to 9/30/2019	1.0 0.0	X						0	0	0
Robert D Aronson Chair	15.0 0.0	X		X				0	0	0
Jeffrey Blattner Vice Chair	3.0 0.0	X		X				0	0	0
Judith H Friedman Director	3.0 0.0	X						0	0	0
Julie Gersten Director	1.0 0.0	X						0	0	0
Jane Ginns Director	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mitchell Gordon Director	1.0 0.0	X						0	0	0
Karen Green Director	6.0 0.0	X						0	0	0
Gary Hirschberg Secretary/Treasurer	2.0 0.0	X		X				0	0	0
Tamar Newberger Director	1.0 0.0	X						0	0	0
Dorit Perry Director	2.0 0.0	X						0	0	0
Frank Risch Director	3.0 0.0	X						0	0	0
Leon Rodriguez Director	1.0 0.0	X						0	0	0
Ilan Rosenberg Director	1.0 0.0	X						0	0	0
Eric Schwartz Director	1.0 0.0	X						0	0	0
Marc Silberberg Director	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Spinner Director	1.0 0.0	X						0	0	0
Harley Ungar Director	2.0 0.0	X						0	0	0
Yuli Wexler Director	1.0 0.0	X						0	0	0
Philip E Wolgin Director	4.0 0.0	X						0	0	0
Alan Abramson Director	1.0 0.0	X						0	0	0
Tanaz Eshaghian Director, 7/1 to 9/30/2019	1.0 0.0	X						0	0	0
Alla Holmes Director, to 6/30/2019	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
HIAS Inc

Employer identification number
13-5633307

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	35,669,422	41,855,465	40,687,086	46,527,210	52,305,704	217,044,887
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
4	Total. Add lines 1 through 3	35,669,422	41,855,465	40,687,086	46,527,210	52,305,704	217,044,887
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).						0
6	Public support. Subtract line 5 from line 4.						217,044,887

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	35,669,422	41,855,465	40,687,086	46,527,210	52,305,704	217,044,887
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,646,064	796,383	746,697	873,038	905,641	5,967,823
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					334,557	334,557
11	Total support. Add lines 7 through 10						223,347,267
12	Gross receipts from related activities, etc. (see instructions)					12	6,777,064

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.178 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	96.750 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
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 (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 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-5633307

Name: HIAS Inc

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization HIAS Inc	Employer identification number 13-5633307
--------------------------------------	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	3,187	
c Total lobbying expenditures (add lines 1a and 1b)	3,187	
d Other exempt purpose expenditures	45,126,425	
e Total exempt purpose expenditures (add lines 1c and 1d)	45,129,612	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	4,674	62,300	5,375	3,187	75,536
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,051	58,050	0	0	60,101

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Lobbying Expenditures	Schedule C, Part II-A, Line 1b HIAS develops and promotes policies and builds constituencies in order to increase support for HIAS work and achieve HIAS advocacy priorities including a robust humanitarian aid program to refugees by the United States government. In 2019, HIAS advocated for increased refugee admissions; robust funding for international and domestic refugee programs; and, opposed the introduction of legislation and administrative actions that would curtail asylum in this country. In addition, HIAS provided regional advocacy trainings for advocates from the American Jewish community. As a result of these trainings and follow-up support, there are now more than 10 active Jewish coalitions advocating for refugee welcome around the country.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: HIAS Inc Employer identification number: 13-5633307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **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 | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,061,053	44,932,975	41,902,997	43,781,390	62,944,322
b Contributions	1,703,471	831,778	3,326,958	2,205,457	2,674,367
c Net investment earnings, gains, and losses	8,254,540	-2,734,694	6,554,208	2,187,686	-955,554
d Grants or scholarships			169,389	443,585	203,618
e Other expenditures for facilities and programs	1,861,549	2,969,006	6,389,406	5,541,863	18,324,255
f Administrative expenses			292,393	286,088	2,353,872
g End of year balance	48,157,515	40,061,053	44,932,975	41,902,997	43,781,390

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 91.444 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 8.556 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	1,303,449	419,351	884,098
d Equipment	0	1,022,920	777,878	245,042
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,129,140

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COLLECTIVE TRUST	6,528,416	F
(B) ALTERNATIVE INVESTMENTS	18,260,269	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	24,788,685	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	6,209,738
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,209,738

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	21,121,531

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-5633307

Name: HIAS Inc

Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 Permanently restricted net assets are comprised of investments stipulated in the donor's agreement and are to be held in perpetuity. Use of appropriations from permanently restricted net assets are stipulated in the donor's agreement and may be used for scholarships or general expenditures.

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	<p>HIAS FOLLOWS THE ACCOUNTING GUIDANCE THAT CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. HIAS IS NOT REQUIRED TO RECORD SUCH AN OBLIGATION.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HIAS Inc

Employer identification number
13-5633307

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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 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
See Add'l Data					
3a Sub-total	14	755			48,814,365
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	14	755			48,814,365

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	(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)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ 9

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 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 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 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 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 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 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 No

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES	Schedule F, Part I, Line 2 HIAS conducts worldwide operations using a system of internal controls to initiate, process, review, authorize, and accurately and timely record transactions into the accounting system. The accounting system and supplementary management reporting serve as reporting tools for GAAP financial reporting, budget-to-actual variance management reporting, and grant-specific reporting. Management's oversight ensures that programmatic grants and allocations, and donor contributions, fund reasonable expenses applicable to the source's intention.

990 Schedule F, Supplemental Information

Return Reference	Explanation
ACCOUNTING METHOD USED	SCHEDULE F, PART I, LINE 3, COLUMN F The expenditures, per region, are presented on the accrual basis of accounting.

Additional Data

Software ID:

Software Version:

EIN: 13-5633307

Name: HIAS Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	2	47	Program Services	Refugee Assistance	2,326,935
Middle East and North Africa	1	14	Program Services	Refugee Assistance	932,139

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	Refugee Assistance	41,000
South America	4	409	Program Services	Refugee Assistance	17,296,861

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	2	22	Program Services	Refugee Assistance	2,602,035
Central America and the Caribbean	3	71	Program Services	Refugee Assistance	1,578,950

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	2	192	Program Services	Refugee Assistance	9,593
Central America and the Caribbean			Grantmaking		618,882

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking		930,772
North America			Grantmaking		8,460

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		4,630,921
Sub-Saharan Africa			Grantmaking		1,923,421

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Investments		5,376,230
Europe (Including Iceland and Greenland)			Investments		4,439,686

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments		198,291
South America			Investments		8,135

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Investments		5,892,054

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	sub-award	8,460	check			
		Middle East and North Africa	sub-award	930,772	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	sub-award	1,357,414	check			
		Sub-Saharan Africa	sub-award	566,007	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	sub-award	32,234	check			
		South America	sub-award	104,839	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	sub-award	424,235	check			
		Central America and the Caribbean	sub-award	194,647	check			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	sub-award	4,493,848	check			

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service
Name of the organization
HIAS Inc

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number
13-5633307

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19
 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES	Schedule I, Part I, Line 2 HIAS conducts worldwide operations using a system of internal controls to initiate, process, review, authorize, and accurately and timely record transactions into the accounting system. The accounting system and supplementary management reporting serve as reporting tools for GAAP financial reporting, budget-to-actual variance management reporting, and grant-specific reporting. Management's oversight ensures that programmatic grants and allocations, and donor contributions, fund reasonable expenses applicable to the source's intention.
DOMESTIC ORGANIZATION AND GOVERNMENT ADDRESSES	SCHEDULE I, PART II IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT ANTI-SEMITISM IN THE UNITED STATES AND ABROAD AS DOCUMENTED BY DHS, FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT ANTI-SEMITISM, HIAS IS PROVIDING THE CITY AND STATE ADDRESSES OF OUR US AFFILIATES AND CITY AND COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY OFFICES.

Additional Data

Software ID:
Software Version:
EIN: 13-5633307
Name: HIAS Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Services See Part IV Ann Arbor, MI 48104	41-2147486	501(C)(3)	632,989				Refugee Reception & Placement
Jewish Famly & Chldrn Services of The East Bay See Part IV East Bay, CA 94596	94-3250304	501(C)(3)	370,834				Refugee Reception & Placement , Pref Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of Buffalo & Erie County See Part IV Buffalo, NY 14209	16-0760888	501(C)(3)	633,831				Refugee Recep & Placement, Pref Communities & MG
Carolina Refugee Resettlement Agency See Part IV Charlotte, NC 28205	30-0577219	501(C)(3)	590,281				Refugee Recep & Placement, Pref Communities & MG Matching Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of Western Mass See Part IV Springfield, MA 01108	04-2104352	501(C)(3)	282,661				Refugee Reception & Placement, Pref Communities
Jewish Family Service of Seattle See Part IV Seattle, WA 98032	91-0565537	501(C)(3)	801,771				Refugee Recep & Placement, Pref Communities & MG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gulf Coast Jewish Family & Community Svcs See Part IV Clearwater, FL 33760	59-1229354	501(C)(3)	532,399				Refugee Reception & Placement, Pref Communities Matching Grant
HIAS & Council Migration Svc Philadelphia See Part IV Philadelphia, PA 19103	21-1405597	501(C)(3)	643,385				Refugee Recep & Placement, Pref Communities & MG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Services of Silicon Valley See Part IV Los Gatos, CA 95032	94-2536452	501(C)(3)	213,501				Refugee Recep & Placement & Matching Grant
Jewish Family & Children's Service See Part IV PITTSBURGH, PA 15217	25-0965407	201(C)(3)	546,576				Refugee Recep & Placement, Pref Communities & MG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of San Diego See Part IV San Diego, CA 92123	95-1644024	201(C)(3)	702,172				Refugee Recep & Placement, Pref Communities, MG
US Together Inc See Part IV Columbus, OH 43229	85-0395108	501(C)(3)	1,525,201				Refugee Recep & Placement, Pref Communities & MG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Madison JFS See Part IV Madison, WI 53719	39-1300430	501(C)(3)	179,376				Refugee Reception & Placement
Wilmington JFS See Part IV Wilmington, DE 19803	51-0097026	501(C)(3)	33,044				Refugee Reception & Placement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESAN MIGRANT AND REFUGEE SERVICES INC See Part IV El Paso, TX 79907	74-2723627	501(c)(3)	52,565				Refugee Reception & Placement
Asylum Seeker Assistance Project See Part IV Washington, DC 20008	81-3205931	501(C)(3)	164,862				Refugee Reception & Placement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWEGIAN REFUGEE COUNCIL USA See Part IV Washington, DC 20006	47-5342860	501(c)(3)	74,711				Refugee Reception & Placement
LAS AMERICAS IMMIGRANT ADVOCACY CENTER See Part IV EL PASO, TX 79902	74-2472774	501(c)(3)	71,063				Refugee Reception & Placement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR MIND-BODY MEDICINE See Part IV Washington, DC 20015	52-1755744	501(C)(3)	20,000				Refugee Reception & Placement

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HIAS Inc

Employer identification number

13-5633307

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

Return Reference	Explanation
Tax indemnification and gross-up payments	<p>Schedule J, Part I, Line 1a During the year, HIAS paid for additional tax liability on educational allowance for the dependents of the country director for the Austria office, Emily Russ. This adjustment was reported under Emily Russ' other reportable compensation. This was in line with European union taxation and compliance requirements. Severance or change-of-control payment Schedule J, Part I, Line 4a During the year ended 12/31/2019, an individual received severance payments. This amount is reported as taxable compensation and reported on Schedule J, Part II, Line b (iii), other reportable compensation. The individual and amount is listed below: Francine S. Stein \$27,693 Other Compensation Schedule J, Part II, Column b(iii) \$49,801 of reportable compensation for Mark Hetfield represents relocation subsidies.</p>

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

HIAS Inc

Employer identification number

13-5633307

990 Schedule O, Supplemental Information

Return Reference	Explanation
Organization's Mission	FORM 990, PART III, LINE 1 HIAS is the international Jewish nonprofit that stands for a world in which refugees find welcome, safety, and freedom. There have never been more people seeking safety and so few places willing to protect and welcome them. Nearly 80 million people have fled persecution. Founded in 1881, HIAS is there for refugees when and where they need help most. We are a Jewish humanitarian organization that works in the United States and 15 other countries, providing vital services to refugees and asylum seekers so they can rebuild their lives. With the American Jewish community beside us, we advocate for the rights of forcibly displaced people of all faiths, nationalities and ethnic backgrounds.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 1	<p>Form 990, Part III - Program Service, Line 4a The number of forcibly displaced people continues to rise around the world, and at the same time, national governments are responding by reducing resettlement programs and refugee protections to all-time lows. In the countries where protections do exist, asylum seekers often must navigate complex bureaucratic and legal systems alone to secure basic rights. As a result of their experiences—from uprooting their lives to surviving or witnessing violence—many refugees need urgent services as well as long-term support, like economic assistance, legal aid, and psychosocial care, in order to gain greater stability and rebuild their lives. The majority of forcibly displaced people are women and girls. Many face disproportionate and devastating challenges, including sexual and gender-based violence. At HIAS, we have seen throughout our history that refugees and their families make valuable contributions to our communities. They seize opportunities that the rights to live, work, and learn in safety and freedom offer to rebuild their lives and thrive. HIAS partners closely with domestic and international leadership, like the U.S. Department of State and the United Nations High Commissioner for Refugees, as well as refugee agencies and human rights groups. Our well-established partnerships enable us to share our expertise, achieve our advocacy objectives, and maximize our impact. We provide vital and urgent services to refugees in the United States and 15 other countries and advocate for the rights of asylum seekers and forcibly displaced people. We provide legal services and support, including free legal representation for asylum seekers. Legal status is critical for refugees. It ensures the government won't return them to the country where they face persecution. It provides a sense of safety and permanence, and opens access to healthcare, shelter, work, and education. Our network of pro-bono lawyers and volunteers educate refugees on their rights, and help them prepare legal documents and gain access to social, health, employment, and other essential services throughout the course of their legal proceedings. Immigrants, refugees, and asylum seekers don't have the right to appointed counsel, which makes our pro-bono lawyers critical to their cases. In addition to individual representation, HIAS engages in strategic litigation in partnership with NGOs, community organizations, and law firms to secure legal protection for broader groups of forcibly displaced people. We prevent gender-based violence by reducing risk; helping survivors, women, girls, and LGBTQ+ people find healthcare and safety; and changing beliefs that perpetuate violence. This area of our work is driven by survivors. Because we prioritize their leadership and experiences, we're able to develop more tailored and effective programs that support all refugees. We reduce the risk of gender-based violence by building women's and girls' economic assets, sup</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 1	<p>porting safe spaces for them to forge bonds of solidarity and trust, and raising awareness of their rights and the services available to them. We also train community leaders to recognize and work with women, girls, and LGBTQ+ individuals to ensure they're safe. We help survivors improve their well-being, find solidarity, and heal through case management, psychosocial services, and referrals to legal services and women's gathering places. We address the root cause of gender-based violence by working with men and boys to build healthy norms around masculinity and understand their role in promoting the health and safety of women and girls. Our community-based mental health and psychosocial support programs help individuals and families recover from the stress of displacement and develop healthy coping mechanisms. Communities know what they need to improve the well-being of their members. We listen closely and build on communities' existing strengths and resources so that our support programs are sustainable and effective. We train key community members to recognize how children and adults respond to traumatic events, provide basic psychosocial support, and refer people to specialized care. We create short-term and intensive care mechanisms within communities, so that our clients can access the support they need urgently. To build connection and resilience, we create and promote support groups based on language, gender, age, and other facets of identity. These groups provide a safe forum for sharing experiences and healing. Through our economic inclusion work, we enable refugees to work toward financial independence and contribute to their community. We provide cash assistance to refugees living in extreme poverty and offer education and coaching on establishing healthy financial habits, like the importance of saving and how to navigate banking institutions. We partner with private sector employers to offer vocational training and professional skills-building opportunities for refugees. We also strengthen the capacity of these companies to recruit and retain refugees as employees. We support entrepreneurship by delivering seed capital and mentoring refugees who are starting businesses in their host countries. Examples of HIAS' impact in 2019: o HIAS provided services to over 764,000 forcibly displaced people worldwide. o In the US, HIAS provided legal protection services to 8,342 people. o HIAS' economic inclusion programs helped place 38,416 individuals on the path towards self-reliance o In Chad, HIAS provided food and non-food items to meet the basic needs of close to 336,000 Sudanese refugees. o In Venezuela, HIAS met the food, water, and sanitation needs of 99,000 displaced people. o In Costa Rica, HIAS is the leading legal protection services provider and served over 10,000 people. o In Ecuador, HIAS' Economic Inclusion programs helped over 27,837 people. o HIAS is one of the leading legal aid providers in Greece, where we served 17,908 people,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 1	and Israel, where we served 3,282.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 2	<p>Form 990, Part III - Program Service, Line 4b As the oldest resettlement agency in the world and the only Jewish organization designated by the federal government to undertake this humanitarian work, HIAS works to help refugees build stable lives throughout the country. Despite a record high of nearly 26 million refugees worldwide, the number of refugees allowed to resettle in the U.S. was capped at 30,000 in 2019, marking a new historic low for the U.S. Refugee Admissions Program since the 1980 Refugee Act became law. With fewer new arrivals, HIAS intensified our work across the U.S. to enhance the economic and social integration of refugees as they adjust to American life. Through our national resettlement network of 17 affiliates, HIAS provided clients with new programming and resources to support their full economic and social inclusion in the United States. In 2019, HIAS resettled 2,319 refugees. HIAS' economic inclusion programs take a holistic approach by supporting and empowering clients through early employment or entrepreneurship, while simultaneously enhancing their financial capability to achieve long-term economic independence. HIAS works with clients not only to gain new skills for optimal employment and a changing workforce, but also to build their financial knowledge, savings, and assets--such as purchasing a vehicle or home, starting a business, or saving for higher education. Across a range of industries, HIAS partners with local and national employers to integrate refugees into the workforce and provide training for career development and upward mobility. Our network of affiliates also works with community partners to help refugees launch or expand small businesses, access continuing education, and develop English language proficiency. In addition to economic inclusion, HIAS' social inclusion programs help refugees access critical services and successfully integrate into their new communities while maintaining their culture and identity. HIAS works with clients to improve mental health and psychosocial well-being, build social support networks, and adjust to daily life in a new country as they begin to heal from the trauma of displacement.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY 3	<p>Form 990, Part III - Program Service, Line 4c HIAS maintains an active network of pro bono attorneys in order to offer as much support as possible to asylees seeking legal services. In 2019, HIAS matched 96 cases with pro bono attorneys in the U.S. and organized regular pro bono attorney delegations to travel to the U.S.-Mexico border to help asylum seekers. Groups of attorneys worked with HIAS' partner organizations in California and Texas to offer direct client support. HIAS established an early presence working on both sides of the southern U.S. border--becoming the first international organization to implement cross-border collaboration to assist Central Americans and others in Mexico in accessing the U.S. legal system to file for asylum. As a result, HIAS became a crucial advisor and role model to other organizations seeking to serve the growing population of refugees and asylum seekers at the border. HIAS' early position as one of the only international organizations operating on both sides of the border provided a unique vantage point that allowed us to channel facts on the ground into our advocacy work in the policy arena. HIAS' Wrap Around Program connects legal clients and their families with the broad support that they need as they navigate life in a new community. Other Program Services Form 990, Part III - Program Service, Line 4d Advocacy is fundamental to our work. We stand up for the rights of forcibly displaced people and lead the Jewish movement for refugees and asylum seekers. We educate, organize, and mobilize American Jews to put their values into action and fight for refugees in the U.S. and globally. We work with grassroots advocates, opinion leaders, legislators, and policymakers to protect and advance policies that promote fair and humane asylum laws, refugee resettlement, and integration. We fuel the Jewish response to the global refugee crisis by equipping clergy, leadership, congregations, and individuals with the tools and ideas to fight for the rights of asylum seekers locally and hold elected officials accountable. Our advocacy team works in Washington, DC, directly engaging with Congress and the administration to expand the rights and protections of refugees nationwide. Statewide coalitions and local partnerships fuel HIAS' work in the community at the grassroots level across the nation. Throughout the country, and with the focused work of our established regional offices in Washington, D.C., New York, and, as of 2019, Los Angeles, HIAS engages with a broad range of organizations and leaders across the country to educate communities about the issues facing refugees and asylum seekers and mobilize support to advance their rights. In 2019, over 2,000 people participated in HIAS-led, in-person advocacy campaigns, and 24,704 people participated in online campaigns. HIAS held 148 community programs, educational sessions, trainings, and briefings with a total of 3,432 participants.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B Aruba, Austria, Chad, Costa Rica, Ecuador, France, Greece, Israel, Kenya, Panama, Republic of Georgia, Russia, Uganda, Ukraine, Venezuela

990 Schedule O, Supplemental Information

Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>FORM 990, PART VI, LINE 4 In December 2019, the HIAS Board approved a Fifth Amended and Restated By-laws. The revised by-laws reflect several changes approved by the Board in the years since the Fourth Amended and Restated By-laws was adopted in 2014. Those changes include the size of the board, designation of Standing Committees, removal procedures, and the location of the Corporation. The amended by-laws were further revised with the assistance of external legal counsel to streamline, clarify language, and ensure that the by-laws fully comply with New York state law.</p> <p>FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON. THE HIAS PRESIDENT AND CEO, COO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 WAS MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS. QUESTIONS RAISED BY THE BOARD WERE DISCUSSED IN DETAIL. A CALL TO REVIEW THE 990 IN DETAIL WITH THE BOARD AND EXTERNAL AUDITORS AND MANAGEMENT WAS SCHEDULED ON SEPTEMBER 10, 2020. FORM 990 WAS FILED WITH THE IRS AFTER THAT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY	Form 990, Part VI, Section B, Line 12C All senior officials and every member of the board of directors submit written disclosure statements attesting that s/he understood and complied with the conflicts of interest policy, and certifying that except as specifically described in his/her personal disclosure form, neither s/he nor any member of his/her family to the best of his/her knowledge had been engaged in any conflict of interest. The disclosure forms are reviewed by management and nothing was noted that required action of any kind. The conflicts of interest forms are completed annually and retained by HIAS, Inc. Any potential conflicts of interest are evaluated, and individuals with any actual conflicts of interest recuse themselves from any decisions or deliberations with regards to the conflicting activity.

990 Schedule O, Supplemental Information

Return Reference	Explanation
HIAS COMPENSATION POLICY	<p>FORM 990, PART VI, SECTION B, LINES 15A AND 15B HIAS has adopted an annual CEO performance evaluation policy and process which is fundamental to the board of directors' oversight of the CEO and the mission and strategy of the organization and a prerequisite to establishing the compensation for the CEO. The CEO submits a written self-evaluation to the governance committee of the board of directors reporting progress against the institutional, management and individual development objectives of the previous year. Concurrently, the governance committee solicits views on the CEO's performance from the full board of directors. The governance committee consolidates the feedback and makes performance recommendations to the executive committee and subsequently to the full board of directors. The full board agrees upon the delivery of the performance review and the chair of the board and the chair of the governance committee present the assessment to the CEO. HIAS's executive compensation policy is designed to provide a reasonable and competitive package of salary and benefits, consistent with market based compensation practices and the organizations' financial resources. The executive committee of the board is responsible for ensuring that a compensation market analysis is conducted at least every two years of comparable positions among similarly situated organizations and benchmarking its recommendation for CEO with such groups as Guidestar, Charity Navigator, and national Jewish leadership organizations. The full board of directors is responsible for making the final compensation determination based on the performance review of its CEO, the recommendation of the executive committee and the market analysis. The minutes of the board document the board's decision and its basis for the reasonableness of the compensation. For key employees and officers, the compensation reviews are done internally by management taking into consideration the current market situation.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 The financial statements and form 990 are made available to the public upon request and also published on HIAS' website. These documents along with our whistleblower policy are available through our website. The conflict of interest policy and other governing documents are available upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT: \$193,504 CHANGE IN MINIMUM PENSION LIABILITY: \$517,071 ----- TOTAL: \$710,575

990 Schedule O, Supplemental Information

Return Reference	Explanation
Consolidated audited financial statements	SCHEDULE O, PART XII UNDER GAAP (U.S. ACCOUNTING STANDARDS), HAS PREPARES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE THE U.S. HEADQUARTERS, FOREIGN BRANCH OFFICES AND FOREIGN LEGAL SUBSIDIARIES. PURSUANT TO U.S. INCOME TAX REPORTING RULES, HAS PRESENTS THE INFORMATION ON FORM 990 FOR ONLY ITS U.S. HEADQUARTERS AND FOREIGN BRANCH OFFICES. THE ACTIVITIES OF THE FOREIGN SUBSIDIARIES HAVE BEEN REMOVED FROM THE FORM 990 PRESENTATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:RESETT TRANSP & DIRECT ASSIST TOTAL EXPENSES:4844444 PROGRAM SERVICES:4844444 MANAGEMENT AND GENERAL:FUNDRAISING:

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:COMMUNICATION TOTAL EXPENSES:1199193 PROGRAM SERVICES:306025 MANAGEMENT AND GENERAL:102746 FUNDRAISING:790422

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
**Open to Public
Inspection**

Name of the organization
HIAS Inc

Employer identification number
13-5633307

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HIAS ECUADOR SEE PART VII EC 98-1566806	LEGAL AID	EC	8,860,660	2,285,315	HIAS
(2) HIAS PANAMA SEE PART VII PM 98-1567109	LEGAL AID	PM	720,476	136,380	HIAS ECUADOR

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Charitable remainder unitrust (1) See Part VII OSSINING, NY 10562	CRUT	NY	NA	TRUST					No
(2) HIAS COASTA RICA SEE PART VII CS	LEGAL AID	CS	HIAS	C CORP	1,131,082	195,054	100.000 %	Yes	

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 listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Fundacion HIAS Colombia	b	137,759	cash
(2) HIAS Aruba	b	424,235	cash
(3) HIAS Israel	b	930,772	cash
(4) HIAS Peru	b	32,273	cash

Part VII Supplemental Information

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

Return Reference	Explanation
RELATED ORGANIZATION ADDRESSES	SCHEDULE R, PARTS II AND IV IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT ANTI-SEMITISM IN THE UNITED STATES AND ABROAD AS DOCUMENTED BY DHS, FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT ANTI-SEMITISM, HIAS IS PROVIDING THE CITY AND STATE ADDRESSES OF OUR US AFFILIATES AND CITY AND COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY OFFICES.

Additional Data

Software ID:
Software Version:
EIN: 13-5633307
Name: HIAS Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SEE PART VII IS	LEGAL AID	IS	501(C)(3)	N/A	HIAS	Yes	
SEE PART VII AA	LEGAL AID	AA	501(C)(3)	N/A	HIAS	Yes	
SEE PART VII CO	Legal Aid	CO	501(c)(3)	N/A	HIAS	Yes	
SEE PART VII BE	LEGAL AID	BE	501(c)(3)	N/A	HIAS	Yes	
SEE PART VII GY	LEGAL AID	GY	501(c)(3)	N/A	HIAS	Yes	
SEE PART VII MX	LEGAL AID	MX	501(c)(3)	N/A	HIAS	Yes	
SEE PART VII PE	LEGAL AID	PE	501(c)(3)	N/A	HIAS	Yes	
SEE PART VII CD	LEGAL AID	CD	501(C)(3)	N/A	HIAS	Yes	