

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

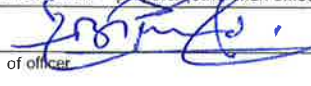
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HIAS, INC. Doing Business As		D Employer identification number 13-5633307
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 SPRING STREET 500		E Telephone number (301) 844-7300
	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		G Gross receipts \$ 45,648,629.
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HIAS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 1881 M State of legal domicile: NY			

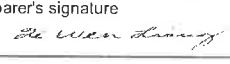
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HIAS IS A GLOBAL JEWISH ORGANIZATION THAT RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE, AND STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY AND FREEDOM.</u>			
	2 Check this box <input type="checkbox"/> 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	22.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	90.
	6	Total number of volunteers (estimate if necessary)	6	25.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		32,841,616.	35,669,422.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,379,208.	1,905,559.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,702,436.	2,990,910.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,923,260.	40,565,891.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		8,892,981.	8,668,363.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		13,921,233.	17,679,328.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,273,095.		0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,273,095.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,635,233.	15,278,017.
19 Revenue less expenses. Subtract line 18 from line 12		36,449,447.	41,625,708.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		3,473,813.	-1,059,817.
	21 Total liabilities (Part X, line 26)		Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20.		69,305,738.	69,624,075.
			13,911,732.	19,796,463.

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	Date
		11/11/2016
	FARHAN IRSHAD	CFO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	QI WEN LIANG		11/10/2016		P01270238
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form fields for Name of exempt organization (HIAS, INC.), Employer identification number (EIN) (13-5633307), Number, street, and room or suite no. (1300 SPRING STREET 500), and City, town or post office, state, and ZIP code (SILVER SPRING, MD 20910).

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

The books are in the care of FARHAN IRSHAD 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910

- Telephone No. 301 844-7300 FAX No. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2015 or tax year beginning, 20, and ending, 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 3c Balance due. Subtract line 3b from line 3a.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HIAS, INC.	Enter filer's identifying number, see instructions. Employer identification number (EIN) or 13-5633307
	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 SPRING STREET 500	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SILVER SPRING, MD 20910	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **FARHAN IRSHAD**
 Telephone No. **301 844-7300** Fax No. _____
1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2016.

5 For calendar year 2015, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ALL THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *De Wen Liang* Title SENIOR MANGAGER Date 08/09/2016

Part III Statement of Program Service Accomplishments

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

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 \$ 20,500,742. including grants of \$ 153,301.) (Revenue \$)
ATTACHMENT 1

4b (Code:) (Expenses \$ 10,197,584. including grants of \$ 7,038,212.) (Revenue \$ 1,905,559.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 1,706,738. including grants of \$ 1,476,850.) (Revenue \$)
ATTACHMENT 3

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

4e Total program service expenses 32,405,064.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and Schedule O completion.

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: FARHAN IRSHAD 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910 301-844-7300

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
(1) ROBERT ARONSON DIRECTOR	1.00 0.	X						0.	0.	0.
(2) JEFFREY BLATNER DIRECTOR	1.00 0.	X						0.	0.	0.
(3) ANN F. COHEN SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) JANE GINNS DIRECTOR	1.00 0.	X						0.	0.	0.
(5) ALEXANDER M. GORDIN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) LEE M. GORDON DIRECTOR	1.00 0.	X						0.	0.	0.
(7) ALBERT HAYOUN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) BENITA FAIR LANGSDORF DIRECTOR	1.00 0.	X						0.	0.	0.
(9) RENE LERER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(10) DIANNE F. LOB CHAIR-ELECT	1.00 0.	X		X				0.	0.	0.
(11) NEIL M. MOSS DIRECTOR	1.00 0.	X						0.	0.	0.
(12) SHARON S. NAZARIAN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ALEXIS ORTIZ DIRECTOR	1.00 0.	X						0.	0.	0.
(14) DALE M. SCHWARTZ CHAIR OF THE BOARD	1.00 0.	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(15) ERIC P. SCHWARTZ ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) YULI WEXLER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) PHILIP E. WOLGIN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) MARC SILBERBERG ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(19) REBECCA CARSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(20) JUDITH FRIEDMAN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) ALLA KARAGODIN HOLMES ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) DORIT PERRY ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(23) EUGENIA BRIN ----- DIRECTOR (THRU 06/2015)	1.00 0.	X					0.	0.	0.	
(24) JAMIE F. METZL ----- DIRECTOR (THRU 06/2015)	1.00 0.	X					0.	0.	0.	
(25) SANDRA D. SPINNER ----- DIRECTOR (THRU 06/2015)	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,851,772.	0.	336,470.	
d Total (add lines 1b and 1c)							1,851,772.	0.	336,470.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 16

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 10

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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	3.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	20,428,899.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,240,520.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			35,669,422.			
	Program Service Revenue			Business Code				
2a		SERVICE FEE & OTHER REVENUE	900099	1,248,114.	1,248,114.			
b		MIGRANT LOAN PROCESSING FEES	900099	657,445.	657,445.			
c								
d								
e								
g		Total. Add lines 2a-2f			1,905,559.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,602,134.			2,602,134.	
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		0.				
	6a	Gross rents	(i) Real	43,930.				
			(ii) Personal					
	b	Less: rental expenses		43,930.				
	c	Rental income or (loss)						
	d	Net rental income or (loss).			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	5,427,584.				
			(ii) Other					
	b	Less: cost or other basis and sales expenses		5,038,808.				
	c	Gain or (loss)		388,776.				
	d	Net gain or (loss)			388,776.		388,776.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events			0.				
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities			0.				
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory			0.				
		Miscellaneous Revenue	Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0.				
12	Total revenue. See instructions			40,565,891.	1,905,559.		2,990,910.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21	8,515,062.	8,515,062.		
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	153,301.	153,301.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,260,697.	89,607.	1,027,917.	143,173.
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	12,166,240.	8,840,107.	2,508,681.	817,452.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	196,752.	11,805.	173,142.	11,805.
9 Other employee benefits	2,448,562.	1,644,755.	602,790.	201,017.
10 Payroll taxes	1,607,077.	1,126,711.	459,435.	20,931.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	111,223.	61,222.	26,599.	23,402.
c Accounting	372,349.	131,516.	240,833.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	348,048.		348,048.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,437,640.	1,692,185.	668,580.	76,875.
12 Advertising and promotion	54,995.	6,322.	48,414.	259.
13 Office expenses	1,982,632.	1,142,997.	340,698.	498,937.
14 Information technology	1,144,126.	873,087.	183,843.	87,196.
15 Royalties	0.			
16 Occupancy	2,678,218.	1,536,100.	890,294.	251,824.
17 Travel	4,884,588.	4,319,536.	500,658.	64,394.
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	221,392.	85,176.	70,892.	65,324.
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 RESETTLEMENT DOCUMENTATION	549,166.	549,166.		
b SUBSCRIPTIONS AND MEMBERSHIP	124,153.	55,331.	58,523.	10,299.
c PROJECT SUPPORT	369,487.	369,280.		207.
d INDIRECT COST		1,201,798.	-1,201,798.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	41,625,708.	32,405,064.	6,947,549.	2,273,095.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	4,264,026	2	4,852,728
	3	Pledges and grants receivable, net	4,701,540	3	6,719,274
	4	Accounts receivable, net	767,009	4	434,017
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	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	381,164	9	394,708
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,699,627		
	10b	Less: accumulated depreciation	2,775,199	10c	1,924,428
	11	Investments - publicly traded securities	24,404,124	11	21,259,346
	12	Investments - other securities. See Part IV, line 11	34,137,276	12	33,915,581
	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	138,263	15	123,993
16	Total assets. Add lines 1 through 15 (must equal line 34)	69,305,738	16	69,624,075	
Liabilities	17	Accounts payable and accrued expenses	2,899,447	17	4,531,367
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	11,012,285	25	15,265,096
	26	Total liabilities. Add lines 17 through 25	13,911,732	26	19,796,463
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	48,851,423	27	43,444,930
	28	Temporarily restricted net assets	4,259,849	28	4,093,867
	29	Permanently restricted net assets	2,282,734	29	2,288,815
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	55,394,006	33	49,827,612	
34	Total liabilities and net assets/fund balances	69,305,738	34	69,624,075	

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	40,565,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,625,708.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,059,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,394,006.
5	Net unrealized gains (losses) on investments	5	-3,738,134.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-768,443.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,827,612.

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		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 93.81%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 93.28%; 16a 33 1/3% support test - 2015. 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 [X]; b 33 1/3% support test - 2014. 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 - 2015. 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 - 2014. 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 9 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

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. 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):			
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 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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization HIAS, INC.	Employer identification number 13-5633307
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **HIAS, INC.**

Employer identification number
13-5633307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,765,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 17,663,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,740,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HIAS, INC.**

Employer identification number

13-5633307

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **HIAS, INC.**

Employer identification number

13-5633307

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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)	19,743.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,260.													
c	Total lobbying expenditures (add lines 1a and 1b)	40,003.													
d	Other exempt purpose expenditures	41,237,657.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	41,277,660.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2012	(b) 2013	(c) 2014	(d) 2015	(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	47,175.	25,688.	24,998.	40,003.	137,864.
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	19,461.	16,300.	15,308.	19,743.	70,812.

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.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... 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).

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

Blank lines for supplemental information.

Part IV Supplemental Information *(continued)*

Supplemental Financial Statements

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 1-6 for various metrics and questions.

Part II Conservation Easements.

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

Form for Part II with multiple rows and columns for conservation easement details, including a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with rows for reporting on art and historical treasures, including revenue and asset amounts.

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

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?

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?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 94.0700%
b Permanent endowment 5.2300%
c Temporarily restricted endowment .7000%

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:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	
(2) SEVERANCE OBLIGATIONS	324,367.
(3) PENSION OBLIGATIONS	5,782,263.
(4) CLIENT DEPOSITS	6,681,089.
(5) DEFERRED RENT	1,096,021.
(6) ANNUITY OBLIGATIONS	1,381,356.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,265,096.

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	35,799,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,738,134.
b	Donated services and use of facilities	2b	88,267.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-768,443.
e	Add lines 2a through 2d	2e	-4,418,310.
3	Subtract line 2e from line 1	3	40,217,843.
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	348,048.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	348,048.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	40,565,891.

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	41,365,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	88,267.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	88,267.
3	Subtract line 2e from line 1	3	41,277,660.
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	348,048.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	348,048.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,625,708.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

HIAS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE AN IMPACT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2012, 2013, 2014 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D:

CHANGE IN MINIMUM PENSION LIABILITY:	(\$593,531)
ACTUARIAL LOSS ON SPLIT-INTEREST AREEMENTS:	(\$174,912)

Part XIII Supplemental Information (continued)

TOTAL: (\$768,443)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) EUROPE	1.	40.	PROGRAM SERVICES	REFUGEE PROCESSING	3,487,784.
(2) MIDDLE EAST AND NORTH AFRICA	1.	14.	PROGRAM SERVICES	REFUGEE PROCESSING	446,837.
(3) RUSSIA/INDEPENDENT STATES	1.	17.	PROGRAM SERVICES	REFUGEE PROCESSING	1,894,095.
(4) SOUTH AMERICA	4.	158.	PROGRAM SERVICES	REFUGEE PROCESSING	7,740,990.
(5) SUB-SAHARAN AFRICA	3.	251.	PROGRAM SERVICES	REFUGEE PROCESSING	5,271,160.
(6) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		131,598.
(7) RUSSIA/INDEPENDENT STATES			GRANTMAKING		3,600.
(8) SUB-SAHARAN AFRICA			GRANTMAKING		18,103.
(9) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		210,000.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	10.	480.			19,204,167.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	10.	480.			19,204,167.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	53	131,598	CHECK			
(2) SCHOLARSHIPS	RUSSIA/NEWLY IND. STATES	4	3,600	CHECK			
(3) SCHOLARSHIPS	SUB-SAHARAN AFRICA	28	18,103	CHECK			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; do not 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; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to 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).

PROCEDURES 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
HIAS, INC.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES OF WASHINGTON COUNTY 2245 S STATE STE. #200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	218,331				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(2) JEWISH FAMILY SERVICES 5750 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-0607909	501(C)(3)	25,575				REFUGEE RECEPTION & PLACEMENT
(3) JEWISH FAMILY & CHILDREN SERVICES OF THE EAST 1855 OLYM BLDG MAINUT CR. EAST BAY, CA 94596	94-3250304	501(C)(3)	338,219				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(4) JEWISH FAMILY SERVICE OF BUFFALO & ERIE COU 70 BARKER STREET BUFFALO, NY 14209	16-0760888	501(C)(3)	464,524				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(5) CAROLINA REFUGEE RESETTLEMENT AGENCY 5907 MONROE RD, STE 101 CHARLOTTE, NC 28205	30-0577219	501(C)(3)	938,700				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(6) JEWISH CHILD & FAMILY SERVICE 216 W JACKSON BLDG #400 CHICAGO, IL 60606	36-2167757	501(C)(3)	23,750				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(7) JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTE 15 LENOX STREET SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	600,282				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(8) JEWISH VOCATIONAL SERVICES OF METROWEST 111 PROSPECT STREET EAST ORANGE, NJ 07017	22-1487229	501(C)(3)	9,675				REFUGEE RECEPTION & PLACEMENT
(9) JEWISH FAMILY SERVICE OF SEATTLE 1209 CENTRAL AVE STE. 134 SEATTLE, WA 98032	91-0565537	501(C)(3)	598,883				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(10) F.E.G.S HEALTH AND HUMAN SERVICES 315 HUDSON STREET NEW YORK, NY 10013	13-1624000	501(C)(3)	72,380				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(11) JEWISH FAMILY SERVICE OF METROWEST 475 FRANKLIN ST. #101 FRANKLIN, MA 01702	04-2730898	501(C)(3)	21,675				REFUGEE RECEPTION & PLACEMENT, PRRF COMM
(12) GULF COAST JEWISH FAMILY & COMMUNITY SERVICE 14041 TOTT BLDG. CLEARWATER, FL 33760	59-1229354	501(C)(3)	507,103				REFUGEE RECEPTION & PLACEMENT, PRRF COMM

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2015
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
HIAS, INC.

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.

1 (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
(1) HIAS & COUNCIL, MIGRATION SERVICE OF PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	510,454.				REFUGEE RECEP & PLAC PLACEMENT, PREP COMM
(2) JEWISH FEDERATION OF GREATER LOS ANGELES 4211 WILSHIRE #211 LOS ANGELES, CA 90010	95-1643388	501(C)(3)	286,646.				REFUGEE RECEP & PLAC PLACEMENT
(3) JEWISH FAMILY SERVICES OF SILICON VALLEY 14855 OKA RD, STE. 202 LOS GATOS, CA 95032	94-2536452	501(C)(3)	289,800.				REFUGEE RECEP & PLAC PLACEMENT
(4) UNITED JEWISH FEDERATION 234 MCKEE PLACE PITTSBURGH, PA 15213	25-1408703	501(C)(3)	115,315.				REFUGEE RECEP & PLAC PLACEMENT
(5) JEWISH FAMILY & CHILDREN'S SERVICE 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	534,934.				REFUGEE RECEP & PLAC PREP COMMUNITIES
(6) JSSA OF GTR. ROCKVILLE 6123 MONTROSE ROAD ROCKVILLE, MD 20854	53-0196598	501(C)(3)	23,700.				REFUGEE RECEPTION & PLACEMENT
(7) JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE. SAN DIEGO, CA 92123	95-1644024	501(C)(3)	970,500.				REFUGEE RECEP & PLAC PLACEMENT, PREP COMM
(8) JEWISH FAMILY AND CHILDREN SERVICE 2534 JUDAH ST. SAN FRANCISCO, CA 94122	94-1156526	501(C)(3)	7,900.				REFUGEE RECEPTION & PLACEMENT
(9) US TOGETHER, INC. 2021 DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	83-0395108	501(C)(3)	1,956,461.				REFUGEE RECEP & PLAC PLACEMENT, PREP COMM
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**

3 Enter total number of other organizations listed in the line 1 table **▶**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2015)**

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

**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

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" 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 type="checkbox"/> Tax indemnification 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK HETFIELD PRESIDENT AND CEO	(i) 325,358. (ii) 0. (iii) 0.	0.	33,360.	16,235.	1,025.	375,978.	0.
2 FARHAN IRSHAD CFO	(i) 176,770. (ii) 0. (iii) 0.	0.	0.	9,197.	0.	218,947.	0.
3 SUSSAN KHOZOURI SENIOR VP	(i) 187,064. (ii) 0. (iii) 0.	0.	0.	9,353.	11,973.	208,390.	0.
4 FRANCINE S. STEIN SENIOR ADVISOR	(i) 161,523. (ii) 0. (iii) 0.	0.	0.	8,016.	1,495.	171,034.	0.
5 RIVA SILVERMAN VP EXTERNAL AFFAIRS	(i) 240,525. (ii) 0. (iii) 0.	0.	0.	12,026.	0.	286,348.	0.
6 JENNIE C. ROSENN VP OF COMMUNITY ENGAGEMENT	(i) 174,030. (ii) 0. (iii) 0.	0.	0.	8,662.	42,098.	224,790.	0.
7 WILLIAM SMERSEY SENIOR DIRECTOR COMMUNICATION	(i) 147,000. (ii) 0. (iii) 0.	0.	0.	7,350.	0.	192,445.	0.
8 STACIE MCCRAY SENIOR DIRECTOR GMC	(i) 152,196. (ii) 0. (iii) 0.	0.	0.	6,630.	14,694.	173,520.	0.
9 AARON GERSHOWITZ ASSOCIATE VP GLOBAL AFFAIRS	(i) 126,992. (ii) 0. (iii) 0.	0.	0.	6,350.	35,083.	168,425.	0.
10 JANE DANIELLO DIRECTOR FINANCE & ACCOUNTING	(i) 126,954. (ii) 0. (iii) 0.	0.	0.	6,114.	35,297.	168,365.	0.
11	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
12	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
13	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to 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.

HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A

IN THE YEAR 2015, THE PRESIDENT AND CEO RECEIVED A HOUSING ALLOWANCE, AS HE WAS REQUIRED TO WORK OUT OF BOTH THE WASHINGTON, D.C./SILVER SPRING AND NEW YORK CITY OFFICES. THE HOUSING ALLOWANCE IS INCLUDED AS TAXABLE COMPENSATION ON HIS FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN (B) (III). THIS HAS BEEN DISCONTINUED SINCE THE ORGANIZATION MOVED OFFICES TO SILVER SPRING, MARYLAND DURING 2015.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HIAS, INC.

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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-5633307

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1:

HIAS, INC. ("HIAS"), THE GLOBAL JEWISH NONPROFIT ORGANIZATION THAT PROTECTS ALL REFUGEES, STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM. OUR MISSION IS TO RESCUE PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE. HIAS PROTECTS THE MOST VULNERABLE REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR FAMILIES IN SAFETY AND FREEDOM, ADVOCATES FOR THE PROTECTION OF REFUGEES, AND ASSURES THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE. GUIDED BY OUR JEWISH VALUES AND HISTORY, WE BRING MORE THAN 135 YEARS OF EXPERTISE TO OUR WORK WITH REFUGEES.

FORM 990, PART V, LINE 4B:

ARGENTINA, AUSTRIA, ECUADOR, CHAD, FRANCE, ISRAEL, KENYA, RUSSIA, PANAMA, REPUBLIC OF GEORGIA, UGANDA, UKRAINE, VENEZUELA.

FORM 990, PART VI, SECTION A, LINE 5

IN MAY 2016, HIAS DISCOVERED AN EMBEZZLEMENT IN THE UGANDA COUNTRY OFFICE INVOLVING ONE FORMER AND THREE THEN CURRENT EMPLOYEES TOTALING APPROXIMATELY \$288,000. HIAS HAS REMOVED ALL THE EMPLOYEES INVOLVED IN THE EMBEZZLEMENT AND IS WORKING WITH UGANDAN AUTHORITIES WHO ARE PURSUING CRIMINAL ACTIONS. HIAS SENIOR FINANCIAL MANAGEMENT REPORTED THE MATTER TO THE HIAS BOARD AND EXTERNAL AUDITORS AND HAS FULLY INVESTIGATED THE

Name of the organization HIAS, INC.	Employer identification number 13-5633307
--	--

MATTER INTERNALLY, RETAINING AN INTERNATIONAL FIRM TO CONDUCT A FORENSIC AUDIT. A COMPREHENSIVE CORRECTIVE ACTION PLAN HAS BEEN IMPLEMENTED WHICH INCLUDES IMPLEMENTATION OF ELECTRONIC FUND TRANSFERS IN UGANDA, MOVING SUPERVISION OF ALL FINANCIAL OPERATIONS AND SUPPORT GLOBALLY TO THE HIAS HEADQUARTERS CONTROLLER, AND IMPLEMENTING NEW MONTH-END PROCESSES. HIAS IS UPGRADING ITS FINANCIAL SOFTWARE TO PROVIDE ENHANCED MONITORING OF FINANCIAL TRANSACTIONS THROUGHOUT HIAS' GLOBAL OPERATIONS. AS A PART OF THE COMPREHENSIVE CORRECTIVE ACTION PLAN, HIAS WILL BE TAKING ADDITIONAL STEPS TO FURTHER STRENGTHEN INTERNAL CONTROLS. HIAS IS IN CONTACT WITH THE AFFECTED DONORS, AND ALL REQUIRED RESTITUTION WILL BE MADE. CONCURRENTLY, HIAS IS PURSUING RESTITUTION THROUGH ALL AVAILABLE AVENUES INCLUDING INSURANCE CLAIMS TO COVER THE LOSS.

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, CFO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS.

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

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

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

HIAS COMPENSATION POLICY

HIAS HAS ADOPTED AN ANNUAL CEO AND OFFICER PERFORMANCE EVALUATION POLICY AND PROCESS WHICH IS FUNDAMENTAL TO THE BOARD OF DIRECTORS' OVERSIGHT OF THE CEO AND ITS OFFICERS AND THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO ESTABLISHING THE COMPENSATION FOR THE CEO AND ITS OFFICERS. THE CEO AND OFFICERS SUBMIT 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 AND OFFICERS' 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 AND ITS OFFICERS.

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.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR ASSURING 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 AND OFFICER COMPENSATION 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 AND OFFICERS, 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, THE COMPENSATION REVIEWS ARE DONE INTERNALLY BY MANAGEMENT TAKING INTO CONSIDERATION THE CURRENT MARKET SITUATION.

THE LAST COMPENSATION REVIEW WAS DONE ON OCTOBER 31, 2015

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. THESE DOCUMENTS ALONG WITH OUR WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS
FORM 990, PART XI, LINE 9

Name of the organization

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CHANGE IN MINIMUM PENSION LIABILITY:	(\$593,531)
ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENTS:	(\$174,912)

TOTAL:	(\$768,443)

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CONFLICTS AROUND THE WORLD HAVE FORCED 65 MILLION PEOPLE TO FLEE THEIR HOMELANDS DUE TO PERSECUTION - HARASSMENT, THREATS, ABDUCTION, OR TORTURE -- BECAUSE OF THE RACE, RELIGION, NATIONALITY, SEXUAL ORIENTATION OR POLITICAL OPINION. OVER AND OVER WE HAVE SEEN THAT, DESPITE THESE TRAUMAS, REFUGEES ARE RESILIENT AND RESOURCEFUL - THEY FIND THE WAY NOT JUST TO SURVIVE BUT TO THRIVE. BUT THEY CANNOT DO IT ALONE. HIAS IS THE ONLY GLOBAL JEWISH ORGANIZATION WHOSE MISSION IS TO ASSIST REFUGEES, WHOEVER AND WHEREVER THEY ARE. OUR WORK IS GENEROUSLY SUPPORTED BY PRIVATE CONTRIBUTORS, THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR), OTHER UNITED NATIONS ENTITIES, AND THE US GOVERNMENT.

HIAS' INTERNATIONAL PROGRAM ASSISTS REFUGEES IN FOUR REGIONS OF THE WORLD: AFRICA, LATIN AMERICA, THE MIDDLE EAST, AND EURASIA. SPECIFICALLY, WE HAVE: OFFICES IN KENYA, UGANDA, CHAD, ARGENTINA, ECUADOR, PANAMA, VENEZUELA, AUSTRIA, UKRAINE, AND ISRAEL. BECAUSE REFUGEES FACE LONG PERIODS OF TIME IN A SEMI-PERMANENT ENVIRONMENT, UNABLE TO RETURN HOME AND NOT PERMANENTLY RESETTLED IN A NEW COUNTRY, THEIR ABILITY TO BECOME SELF-SUFFICIENT AND TO

Name of the organization

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ATTACHMENT 1 (CONT'D)

MOVE BEYOND DEPENDENCE ON HUMANITARIAN AID IS CRUCIAL. HIAS' PROGRAMS ARE DESIGNED TO SUPPORT SELF-SUFFICIENCY BY FOCUSING ON:

1. LEGAL PROTECTION AND ASSISTANCE TO NAVIGATE THE COMPLEXITIES OF GOVERNMENTAL REQUIREMENTS IN ORDER TO LIVE SAFELY AND SECURELY AS REFUGEES WHILE SEEKING RESETTLEMENT, ASYLUM OR REPATRIATION;

2. ON PSYCHO-SOCIAL PROGRAMS TO ADDRESS THE FEAR, ISOLATION AND DEPRESSION THAT CAN RESULT FROM BEING FORCED FROM THEIR HOMES AND FAMILIES, SURVIVING OR WITNESSING WAR AND PERSONAL VIOLENCE, AND THE DAILY STRESS OF LIVING ON THE MARGINS IN UNFAMILIAR CITIES OR CAMPS;

3. AND LIVELIHOOD PREPARATION BY IDENTIFICATION OF OPPORTUNITIES FOR ENTREPRENEURSHIP, VOCATIONAL TRAINING, AND EMPLOYMENT TO HELP THEM REGAIN DIGNITY AND CONTROL OF THEIR LIVES.

AS 2015 EXAMPLES OF HIAS INTERNATIONAL WORK: PROGRAMS IN CHAD PROVIDED TRAINING AND ASSISTANCE, INCLUDING THE DISTRIBUTION OF FOOD AND MATERIAL GOODS, ACTIVITIES TO PROTECT AND RESPOND TO SEXUAL AND GENDER BASED VIOLENCE (SGBV), AND PSYCHOSOCIAL SUPPORT TO THE APPROXIMATELY 275,000 REFUGEES RESIDING IN ELEVEN CAMPS. IN KENYA AND UGANDA, HIAS PROVIDES PSYCHOSOCIAL SUPPORT INCLUDING COUNSELING AND EMERGENCY FOOD AND HOUSING ASSISTANCE TO OVER 1,000

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 1 (CONT'D)

SURVIVORS OF SEXUAL AND GENDER BASED VIOLENCE WHO FLED MORE THAN HALF A DOZEN NEIGHBORING COUNTRIES AND WOULD OTHERWISE BE INVISIBLE AND EVEN MORE VULNERABLE. IN LATIN AMERICA, HIAS' CASE LOAD GREW TO OVER 6,000 PEOPLE. IN VIENNA, AUSTRIA HIAS WORKS IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF STATE TO OPERATE THE RESETTLEMENT SUPPORT CENTER ("RSC") TO ASSIST PERSECUTED RELIGIOUS MINORITIES FROM IRAN WHO ARE SEEKING TO RESETTLE IN AMERICA UNDER THE U.S. REFUGEE ADMISSIONS PROGRAM. IN 2015, HIAS ASSISTED 1,899 IRANIAN RELIGIOUS MINORITIES TO ARRIVE SAFELY IN THE UNITED STATES. IN ISRAEL, HIAS DEVELOPED A PRO BONO LEGAL REPRESENTATION PROJECT TO SERVE ASYLUM SEEKERS IN THAT COUNTRY, TRAINING OVER 60 ATTORNEYS AND PROVIDING LEGAL CONSULTATIONS AND ASSISTANCE TO OVER 130 ASYLUM SEEKERS. HIAS ALSO AWARDED 53 SCHOLARSHIPS TO NEW ISRAELI IMMIGRANTS ("OLIM"). IN UKRAINE, LEGAL COUNSELING WAS EXTENDED TO OVER 2,000 ASYLUM SEEKERS, AND MONITORING AND PROTECTION ACTIVITIES IMPACTED THE LIVES OF HUNDREDS OF THOUSANDS OF INTERNALLY-DISPLACED PERSONS (IDPS) FROM THE CONFLICT ZONE IN EASTERN UKRAINE.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

REFUGEE RESETTLEMENT, ADVOCACY AND PUBLIC ENGAGEMENT LIE AT THE HEART OF HIAS' WORK IN THE UNITED STATES. AS THE OLDEST RESETTLEMENT AGENCY IN THE WORLD AND THE ONLY JEWISH ORGANIZATION DESIGNATED BY THE FEDERAL GOVERNMENT TO UNDERTAKE THIS

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 2 (CONT'D)

HUMANITARIAN WORK ON BEHALF OF ALL PEOPLES, HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES IN WELCOMING COMMUNITIES THROUGHOUT THE COUNTRY. IN DOING SO, OUR PROGRAMS ARE INTENDED TO HELP NEWCOMERS OVERCOME DISPLACEMENT AND BECOME PRODUCTIVE CITIZENS AND TO STRENGTHEN THE FABRIC OF AMERICAN SOCIETY.

IN 2015 HIAS RESETTLED 3,147 REFUGEES. HIAS' RESETTLEMENT IS ACCOMPLISHED IN PARTNERSHIP WITH 21 LOCAL SERVICE ORGANIZATIONS, FUNDED BY THE US DEPARTMENT OF STATE, PRIVATE FOUNDATIONS AND INDIVIDUAL DONORS. THROUGH CONTRACTED SERVICES, HIAS PROVIDES TECHNICAL ASSISTANCE AND MONITORS THIS NETWORK OF AFFILIATED ORGANIZATIONS RELATED TO RESETTLEMENT ACTIVITIES PROVIDED DURING THE FIRST 30-90 DAYS AFTER ARRIVAL IN THE US INCLUDING: RECEPTION AND PLACEMENT BY FAMILY REUNIFICATION WHEREVER POSSIBLE OR BY IDENTIFICATION OF OTHER SUPPORTIVE NEIGHBORHOODS; TRAVEL ARRANGEMENTS AND FUNDING; SECURING HOUSING AND ASSURING NECESSITIES; COUNSELING AND CASE MANAGEMENT; MEDICAL REFERRAL; INITIAL LANGUAGE ASSISTANCE; NATURALIZATION CLASSES AND APPLICATIONS FOR CITIZENSHIP, ASYLUM AND OTHER LEGAL NEEDS. THROUGH TWO SPECIALLY FUNDED PROJECTS - A PREFERRED COMMUNITIES GRANT AND THE PRINZ GRANT - HIAS CAN EXTEND CASE MANAGEMENT FOR UP TO FIVE YEARS IF NEEDED AND EMPHASIZE LEGAL ASSISTANCE THROUGH REPRESENTATION FOR ASYLUM SEEKERS, WHO WERE PROFESSIONALS (SCIENTISTS, SCHOLARS, ARTISTS, PHYSICIANS, TEACHERS, AND OTHERS) AND WHO DESIRE TO CONTINUE OR REBUILD THEIR CAREERS IN THE US.

Name of the organization

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ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

IN ADDITION, HIAS IS FUNDED THROUGH A MATCHING GRANT PROGRAM TO SUPPORT BASIC NEEDS, CASE MANAGEMENT AND INTENSIVE EMPLOYMENT SERVICES TO CERTAIN REFUGEES ACCEPTED IN THE NETWORK OF AFFILIATED ORGANIZATIONS FOR UP TO SIX MONTHS AFTER THEIR ARRIVAL IN THE UNITED STATES. THE GOAL OF THIS PROGRAM IS TO ENABLE PARTICIPATING REFUGEES TO BECOME ECONOMICALLY SELF-SUFFICIENT THROUGH EMPLOYMENT BEFORE THE END OF THIS SIX-MONTH PERIOD. REFUGEES ARE SELECTED TO PARTICIPATE IN THIS PROGRAM IF THEY ARE DEEMED EMPLOYABLE AND LIKELY TO BECOME EMPLOYED IN THIS SHORT TIME FRAME. IN 2015, 712 REFUGEES COMPLETED THE PROGRAM, AND 79% WERE SELF-SUFFICIENT SIX MONTHS AFTER THEIR ARRIVAL IN THE U.S.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
 FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DONOR POINT MARKETING 649 NORTH HORNERS LANE	MARKETING	363,254.

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

ATTACHMENT 5 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ROCKVILLE, MD 20850		
GRANT THORNTON LLP 33570 TREASURY CENTER CHICAGO, IL 60694	AUDIT FIRM	200,189.
CORNERSTONE SUPPORT, INC. 106 ALLEN ROAD BASKING RIDGE, NJ 07920	RELOCATION SERVICES	174,556.
WEST END STRATEGY TEAM LLC 1250 24TH STREET NW, SUITE 300 WASHINGTON, DC 20037	COMMUNICATION	122,519.
OTJ ARCHITECTS 1412 I STREET NW WASHINGTON, DC 20005	ARCHITECTURE	108,160.

**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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
HIAS, INC.

Employer identification number
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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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.

	(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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

JSA

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.

(1)	(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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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.

(1)	(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
(1)	CHARTERABLE REMAINDER UNITRUST (1)								Yes
(2)		GRUT	NY	N/A	TRUST				No
(3)									
(4)									
(5)									
(6)									
(7)									

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.

- 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. **1a** Yes No
 - b Gift, grant, or capital contribution to related organization(s) **1b** Yes No
 - c Gift, grant, or capital contribution from related organization(s) **1c** Yes No
 - d Loans or loan guarantees to or for related organization(s) **1d** Yes No
 - e Loans or loan guarantees by related organization(s) **1e** Yes No
 - f Dividends from related organization(s) **1f** Yes No
 - g Sale of assets to related organization(s) **1g** Yes No
 - h Purchase of assets from related organization(s) **1h** Yes No
 - i Exchange of assets with related organization(s) **1i** Yes No
 - j Lease of facilities, equipment, or other assets to related organization(s) **1j** Yes No
 - k Lease of facilities, equipment, or other assets from related organization(s) **1k** Yes No
 - l Performance of services or membership or fundraising solicitations for related organization(s) **1l** Yes No
 - m Performance of services or membership or fundraising solicitations by related organization(s) **1m** Yes No
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** Yes No
 - o Sharing of paid employees with related organization(s) **1o** Yes No
 - p Reimbursement paid to related organization(s) for expenses. **1p** Yes No
 - q Reimbursement paid by related organization(s) for expenses **1q** Yes No
 - r Other transfer of cash or property to related organization(s) **1r** Yes No
 - s Other transfer of cash or property from related organization(s) **1s** Yes 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
