

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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

**A** For the **2018** calendar year, or tax year beginning , **2018**, and ending , **20**

<b>B</b> Check if applicable: <input 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	<b>C</b> Name of organization HIAS, INC.			<b>D</b> Employer identification number 13-5633307		
	Doing Business As			<b>E</b> Telephone number (301) 844-7300		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	1300 SPRING STREET		500			
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910						<b>G</b> Gross receipts \$ 63,448,999.
<b>F</b> Name and address of principal officer: MARK HETFIELD SAME AS C ABOVE						<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
						If "No," attach a list. (see instructions)
<b>I</b> 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		<b>J</b> Website: WWW.HIAS.ORG				<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					<b>L</b> Year of formation: 1881	<b>M</b> State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HIAS IS THE GLOBAL JEWISH ORGANIZATION THAT RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE & STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY AND FREEDOM.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	132.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	836.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	13,593.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	160,324.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	40,687,086.	46,527,210.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,475,129.	894,500.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,206,402.	2,823,425.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		48,368,617.	50,245,135.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,993,263.	6,690,772.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,894,672.	21,662,329.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,530,506.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,875,196.	15,980,053.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,763,131.	44,333,154.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,605,486.	5,911,981.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	69,932,316.	70,175,662.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,813,081.	21,018,313.
		50,119,235.	49,157,349.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	HAYFORD MENSAB CFO		09/16/2019		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY TORRETTA		09/16/2019		P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
Firm's address ▶ 1000 WILSON BLVD, SUITE 1400 ARLINGTON, VA 22209	Phone no. 703-847-7500				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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 \$ 22,452,002. including grants of \$ 0. ) (Revenue \$ 0. )

SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 7,157,211. including grants of \$ 4,893,483. ) (Revenue \$ 894,500. )

SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 2,370,797. including grants of \$ 1,797,289. ) (Revenue \$ 0. )

SEE SCHEDULE O.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 825,525. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 32,805,535.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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. [X]

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, charitable contributions, and organizational compliance.

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 (voting members), 1b (independent members), 2-7b (governing body relationships and decisions), 8a-8b (documentation), and 9 (reachability).

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-16b covering local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

**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  X

**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) DIANNE F. LOB CHAIR OF THE BOARD	8.00 0.	X		X				0.	0.	0.
(2) RENE LERER VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) ANN F. COHEN SECRETARY/TREASURER	5.00 0.	X		X				0.	0.	0.
(4) LANA ALMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(5) ROBERT D. ARONSON DIRECTOR	6.00 0.	X						0.	0.	0.
(6) JEFFREY BLATTNER DIRECTOR	4.00 0.	X						0.	0.	0.
(7) JUDITH H. FRIEDMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JULIE GERSTEN DIRECTOR	1.00 0.	X						0.	0.	0.
(9) JANE GINNS DIRECTOR	3.00 0.	X						0.	0.	0.
(10) LEE M. GORDON DIRECTOR, TO 6/30/2018	1.00 0.	X						0.	0.	0.
(11) KAREN GREEN DIRECTOR	6.00 0.	X						0.	0.	0.
(12) GARY HIRSCHBERG DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ANNA KARAGODIN HOLMES DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JOSE OFMAN DIRECTOR, TO 6/30/2018	1.00 0.	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) DORIT PERRY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 16) FRANK RISCH ----- DIRECTOR	3.00 ----- 0.	X						0.	0.	0.
( 17) LEON RODRIGUEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 18) ILAN ROSENBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 19) ERIC SCHWARTZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 20) MARC SILBERBERG ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 21) SANDRA SPINNER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 22) HARLEY UNGAR ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 23) YULI WEXLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 24) PHILIP E. WOLGIN ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 25) MARK HETFIELD ----- PRESIDENT AND CEO	35.00 ----- 0.			X				301,333.	0.	28,896.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,662,028.	0.	332,601.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,662,028.	0.	332,601.

**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 ► 21

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 2		

**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 ► 13



**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			
( 26) FARHAN IRSHAD CHIEF OPERATING OFFICER	35.00 0.			X				202,819.	0.	46,221.
( 27) FRANCINE S. STEIN CHIEF OF STAFF	35.00 0.			X				176,696.	0.	11,783.
( 28) MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	35.00 0.				X			183,498.	0.	68,836.
( 29) MIRIAM FEFFER VP DEVELOPMENT	35.00 0.					X		158,706.	0.	37,436.
( 30) ELIZABETH SWEET GENERAL COUNSEL AND CHRO	35.00 0.					X		145,267.	0.	40,789.
( 31) HAYFORD MENSAH CHIEF FINANCIAL OFFICER	35.00 0.					X		153,546.	0.	68,211.
( 32) EMILY RUSS AUSTRIA COUNTRY DIRECTOR	35.00 0.					X		182,263.	0.	22,321.
( 33) JESSICA REESE DIR, STRATEGIC PARTNERSHIPS	35.00 0.					X		157,900.	0.	8,108.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 21

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	19,138,737.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	27,388,473.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____							
	<b>h Total.</b> Add lines 1a-1f . . . . .			46,527,210.				
<b>Program Service Revenue</b>	<b>2a</b> SERVICE FEE & OTHER REVENUE	<b>Business Code</b>	900099	218,638.	205,045.	13,593.		
	<b>b</b> MIGRANT LOAN PROCESSING FEES		900099	675,862.	675,862.			
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . .			894,500.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			873,038.			873,038.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
			(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .							
	<b>b</b> Less: rental expenses . . . . .							
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			15,154,251.					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .				13,203,864.			
	<b>c</b> Gain or (loss) . . . . .				1,950,387.			
	<b>d</b> Net gain or (loss) . . . . .				1,950,387.		1,950,387.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			0.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>			0.			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>			0.				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>			0.				
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>			0.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>			0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				0.				
<b>12 Total revenue.</b> See instructions. . . . .				50,245,135.	880,907.	13,593.	2,823,425.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,611,743.	6,611,743.		
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 . . . . .	79,029.	79,029.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	857,146.	607,117.	181,029.	69,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	14,907,272.	10,558,824.	3,148,027.	1,200,421.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	670,319.		670,319.	
9 Other employee benefits . . . . .	3,659,314.	2,882,442.	520,354.	256,518.
10 Payroll taxes . . . . .	1,568,278.	1,235,333.	223,009.	109,936.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	189,030.	80,849.	100,201.	7,980.
c Accounting . . . . .	204,441.	14,441.	190,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	392,168.		392,168.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,316,229.	1,680,762.	554,086.	81,381.
12 Advertising and promotion . . . . .	481,699.	10,779.	470,920.	
13 Office expenses . . . . .	1,711,142.	629,220.	450,236.	631,686.
14 Information technology. . . . .	1,306,417.	834,181.	363,137.	109,099.
15 Royalties. . . . .	0.			
16 Occupancy . . . . .	2,239,209.	1,242,702.	996,507.	
17 Travel . . . . .	1,576,845.	1,137,562.	400,382.	38,901.
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 . . . . .	162,215.	3,149.	158,398.	668.
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPORT	254,116.	194,466.	59,650.	
b SUBSCRIPTIONS AND MEMBERSHIP	172,617.	29,693.	118,008.	24,916.
c RESETTLEMENT DOCUMENTATION	9,198.	8,668.	530.	
d TRANSPORT/CLIENT ASSISTANCE	4,964,727.	4,964,575.	152.	
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	44,333,154.	32,805,535.	8,997,113.	2,530,506.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	2,570,364.	<b>2</b>	6,407,908.
	<b>3</b> Pledges and grants receivable, net	6,600,224.	<b>3</b>	4,920,686.
	<b>4</b> Accounts receivable, net	517,659.	<b>4</b>	66,426.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	621,960.	<b>9</b>	412,078.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,053,706.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,104,349.	1,111,574.	<b>10c</b> 949,357.
	<b>11</b> Investments - publicly traded securities	28,266,014.	<b>11</b>	31,847,138.
	<b>12</b> Investments - other securities. See Part IV, line 11	30,116,026.	<b>12</b>	25,572,069.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	128,495.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	69,932,316.	<b>16</b>	70,175,662.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,689,378.	<b>17</b>	6,085,409.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	16,123,703.	<b>25</b>	14,932,904.
	<b>26 Total liabilities.</b> Add lines 17 through 25	19,813,081.	<b>26</b>	21,018,313.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	43,705,862.	<b>27</b>	43,472,649.
	<b>28</b> Temporarily restricted net assets	3,450,193.	<b>28</b>	5,684,700.
	<b>29</b> Permanently restricted net assets	2,963,180.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	50,119,235.	<b>33</b>	49,157,349.	
<b>34</b> Total liabilities and net assets/fund balances	69,932,316.	<b>34</b>	70,175,662.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	50,245,135.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	44,333,154.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,911,981.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	50,119,235.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,069,230.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-804,637.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	49,157,349.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
HIAS, INC.

Employer identification number  
13-5633307

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

JSA  
8E1210 1.000

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (96.75%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (96.13%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**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 <b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

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

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**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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		\$ 3,560,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 15,578,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,104,488.	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.)
		\$	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

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2018

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		5,375.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		5,375.													
<b>d</b> Other exempt purpose expenditures . . . . .		29,622,096.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		29,627,471.													
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	40,003.	4,674.	62,300.	5,375.	112,352.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	19,743.	2,051.	58,050.		79,844.

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)).

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...; 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 campaign activity 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 2 columns: Question, Amount. 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); 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.

SEE PAGE 4

Blank lines for supplemental information.

**Part IV** Supplemental Information (continued)

## LOBBYING EXPENDITURES

SCHEDULE C, PART II-A, LINE 1

HIAS DEVELOPS AND PROMOTES POLICIES AND BUILDS CONSTITUENCIES IN ORDER TO INCREASE SUPPORT FOR HIAS' WORK AND ACHIEVE HIAS' ADVOCACY PRIORITIES INCLUDING A A ROBUST HUMANITARIAN AID PROGRAM TO REFUGEES BY THE UNITED STATES GOVERNMENT. IN 2018, HIAS ADVOCATED FOR INCREASED REFUGEE ADMISSIONS; ROBUST FUNDING FOR INTERNATIONAL AND DOMESTIC REFUGEE PROGRAMS; AND, OPPOSED THE INTRODUCTION OF LEGISLATION AND ADMINISTRATIVE ACTIONS THAT WOULD CURTAIL ASYLUM IN THIS COUNTRY. IN ADDITION, HIAS PROVIDED REGIONAL ADVOCACY TRAININGS FOR ADVOCATES FROM THE AMERICAN JEWISH COMMUNITY. AS A RESULT OF THESE TRAININGS AND FOLLOW-UP SUPPORT, THERE ARE NOW MORE THAN 10 ACTIVE JEWISH COALITIONS ADVOCATING FOR REFUGEE WELCOME AROUND THE COUNTRY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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.

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

Name of the organization

Employer identification number

HIAS, INC.

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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 columns: Amount, 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 include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 92.4668 %
b Permanent endowment %
c Temporarily restricted endowment 7.5332 %
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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) COLLECTIVE TRUST	9,421,862.	FMV
(B) ALTERNATIVE INVESTMENTS	16,150,207.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,572,069.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) CLIENT DEPOSITS	5,318,426.
(3) PENSION OBLIGATIONS	5,724,148.
(4) ANNUITY OBLIGATIONS	1,258,427.
(5) DEFERRED RENT	878,052.
(6) SEVERANCE OBLIGATIONS	1,563,874.
(7) GRANTS PAYABLE	189,977.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,932,904.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	44,318,462.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-6,069,230.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	81,395.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	453,330.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-5,534,505.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	49,852,967.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	392,168.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	392,168.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	50,245,135.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	44,983,378.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	81,395.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	960,997.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,042,392.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	43,940,986.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	392,168.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	392,168.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	44,333,154.

**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

HIAS HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. NO MATERIAL TAXABLE UNRELATED BUSINESS INCOME WAS GENERATED AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS ENDING DECEMBER 31, 2018, 2017, 2016 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

HIAS FOLLOWS THE ACCOUNTING GUIDANCE THAT CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE

**Part XIII** Supplemental Information (continued)

RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS  
 "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE  
 CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS  
 BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO  
 THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. HIAS IS NOT  
 REQUIRED TO RECORD SUCH AN OBLIGATION.

OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990  
 SCHEDULE D, PART XI, LINE 2D

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT	(\$231,276)
CHANGE IN MINIMUM PENSION LIABILITY	(\$279,255)
HIAS ISRAEL REVENUE	\$963,606
HIAS ISRAEL GRANT	\$255
	-----
TOTAL:	\$453,330

SCHEDULE D, PART XII, LINE 2D

HIAS ISRAEL EXPENSES	\$960,742
HIAS ISRAEL GRANT	\$255
	-----
TOTAL:	\$960,997

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	2.	45.	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,728,388.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA	1.	14.	PROGRAM SERVICES	REFUGEE ASSISTANCE	960,742.
<b>(3)</b> RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	REFUGEE ASSISTANCE	71,000.
<b>(4)</b> SOUTH AMERICA	3.	160.	PROGRAM SERVICES	REFUGEE ASSISTANCE	9,553,675.
<b>(5)</b> SUB-SAHARAN AFRICA	2.	240.	PROGRAM SERVICES	REFUGEE ASSISTANCE	4,640,871.
<b>(6)</b> CENTRAL AMERICA/CARIBBEAN	2.	22.	PROGRAM SERVICES	REFUGEE ASSISTANCE	1,102,593.
<b>(7)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		79,029.
<b>(8)</b> EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		4,673,090.
<b>(9)</b> EUROPE	0.	0.	INVESTMENTS		4,030,780.
<b>(10)</b> NORTH AMERICA	0.	0.	INVESTMENTS		67,978.
<b>(11)</b> SOUTH AMERICA	0.	0.	INVESTMENTS		91,510.
<b>(12)</b> SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		2,615.
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	10.	481.			28,002,271.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	10.	481.			28,002,271.

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SUB-AWARD	39,142.	CHECK			
(2)			SOUTH AMERICA	SUB-AWARD	39,887.	CHECK			
(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 2.

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(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; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

SCHEDULE F, PART I, LINE 2

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO INITIATE, PROCESS, REVIEW, AUTHORIZE, AND ACCURATELY AND TIMELY RECORD TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP FINANCIAL REPORTING, BUDGET-TO-ACTUAL VARIANCE MANAGEMENT REPORTING, AND GRANT-SPECIFIC REPORTING. MANAGEMENT'S OVERSIGHT ENSURES THAT PROGRAMMATIC GRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND REASONABLE EXPENSES APPLICABLE TO THE SOURCE'S INTENTION.

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES 2245 S STATE ST STE 200 ANN ARBOR, MI 48104	41-2147486	501(C)(3)	497,769.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(2) JEWISH FAMILY & CHLDREN SVCS OF THE EAST BAY 1855 OLYMPIC BLVD, #200 EAST BAY, CA 94596	94-3250304	501(C)(3)	252,755.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(3) JEWISH FAMILY SERVICE OF BUFFALO & ERIE CTY 70 BARKER STREET BUFFALO, NY 14209	16-0760888	501(C)(3)	511,569.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(4) CAROLINA REFUGEE RESETTLEMENT AGENCY 5007 MONROE RD, STE 101 CHARLOTTE, NC 28205	30-0577219	501(C)(3)	438,602.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(5) JEWISH CHILDRN & FAMILY SERVICE 216 W JACKSON BLVD #400 CHICAGO, IL 60606	36-2167757	501(C)(3)	8,600.				REFUGEE RECEPTION & PLACEMENT
(6) JEWISH FAMILY SERVICE OF WESTERN MASS. 15 LENOX STREET SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	296,096.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(7) JEWISH FAMILY SERVICE OF SEATTLE 1209 CENTRAL AVE S #134 SEATTLE, WA 98032	91-0565537	501(C)(3)	507,761.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(8) GULF COAST JEWISH FAMILY & COMMUNITY SVCS 14041 ICOT BOULEVARD CLEARWATER, FL 33760	59-1229354	501(C)(3)	316,695.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(9) HIAS & COUNCIL MIGRATION SVC PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1405597	501(C)(3)	513,080.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(10) JEWISH FAMILY SERVICES OF SILICON VALLEY 14855 OKA ROAD, STE 202 LOS GATOS, CA 95032	94-2536452	501(C)(3)	101,771.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(11) JEWISH FAMILY & CHILDREN'S SERVICE 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	351,576.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(12) JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	604,391.				REFUGEE RECEPTION & PLACEMENT, PREF COMM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 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) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 noncash assistance	(h) Purpose of grant or assistance
(1) US TOGETHER, INC. 2021 DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	83-0395108	501(C)(3)	1,519,232.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(2) MADISON JFS 6434 ENTERPRISE LANE MADISON, WI 53719	39-1300430	501(C)(3)	116,500.				REFUGEE RECEPTION & PLACEMENT
(3) WILMINGTON JFS 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	115,798.				REFUGEE RECEPTION & PLACEMENT
(4) ASYLUM SEEKER ASSISTANCE PROJECT 2121 DECATUR PL NW #4 WASHINGTON, DC 20008	81-3205931	501(C)(3)	25,271.				REFUGEE RECEPTION & PLACEMENT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 16.

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) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.** 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HIAS, INC.

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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 type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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 on 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2018

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

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

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

(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)	298,933.	1,200.	1,200.	25,750.	3,146.	330,229.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 FARHAN IRSHAD CHIEF OPERATING OFFICER	(i)	201,619.	1,200.	0.	10,455.	35,766.	249,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FRANCINE S. STEIN CHIEF OF STAFF	(i)	174,296.	1,200.	1,200.	9,000.	2,783.	188,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	(i)	182,298.	1,200.	0.	27,830.	41,006.	252,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MIRIAM FEFFER VP DEVELOPMENT	(i)	157,506.	1,200.	0.	708.	36,728.	196,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ELIZABETH SWEET GENERAL COUNSEL AND CHRO	(i)	144,067.	1,200.	0.	25,500.	15,289.	186,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HAYFORD MENSAH CHIEF FINANCIAL OFFICER	(i)	152,346.	1,200.	0.	24,615.	43,596.	221,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 EMILY RUSS AUSTRIA COUNTRY DIRECTOR	(i)	99,484.	0.	82,779.	0.	22,321.	204,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JESSICA REESE DIR, STRATEGIC PARTNERSHIPS	(i)	155,500.	1,200.	1,200.	7,950.	158.	166,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A

DURING THE YEAR, HIAS PAID FOR ADDITIONAL TAX LIABILITY ON EDUCATIONAL ALLOWANCE FOR THE DEPENDENTS OF THE COUNTRY DIRECTOR FOR THE AUSTRIA OFFICE, EMILY RUSS. THIS ADJUSTMENT WAS REPORTED UNDER EMILY RUSS' OTHER REPORTABLE COMPENSATION. THIS WAS IN LINE WITH EUROPEAN UNION TAXATION AND COMPLIANCE REQUIREMENTS. THE ADJUSTMENT COVERS 2 YEARS (2017 AND 2018).

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

WITH THE APPROVAL OF THE BOARD, MANAGEMENT AWARDED A FLAT BONUS TO ALL STAFF FOR EXCEPTIONAL WORK DURING THE YEAR.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-5633307

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

HIAS, INC. (HIAS) IS THE GLOBAL JEWISH NONPROFIT ORGANIZATION THAT STANDS FOR A WORLD IN WHICH ALL 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 ASYLUM-SEEKERS, AND ASSURES THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE. GUIDED BY JEWISH VALUES AND HISTORY, WE BRING MORE THAN 135 YEARS OF EXPERTISE TO OUR WORK WITH REFUGEES.

VISION

HIAS STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM.

MISSION

HIAS RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE.

- WE PROTECT THE MOST VULNERABLE REFUGEES, HELPING THEM BUILD NEW LIVES AND REUNITING THEM WITH THEIR FAMILIES IN SAFETY AND FREEDOM.

- WE ADVOCATE FOR THE PROTECTION OF REFUGEES AND ASSURE THAT DISPLACED PEOPLE ARE TREATED WITH THE DIGNITY THEY DESERVE.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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PROGRAM SERVICE ACTIVITY 1

FORM 990, PART III, LINE 4A

OVER THE COURSE OF OUR HISTORY, HIAS HAS HELPED MORE THAN 4.5 MILLION REFUGEES BEGIN NEW LIVES. IN 2018, HIAS ASSISTED OVER 645,000 REFUGEES AND ASYLUM SEEKERS AROUND THE WORLD WITH DIRECT SERVICES, AND TENS OF THOUSANDS OF ADDITIONAL BENEFICIARIES THROUGH OUTREACH, INFORMATION, MONITORING AND SUPPORT.

THERE ARE OVER 70 MILLION DISPLACED PEOPLE AND SOME 25 MILLION REFUGEES WORLDWIDE - MORE THAN AT ANY TIME IN MODERN RECORDED HISTORY. FLEEING PERSECUTION RELATED TO RACE, RELIGION, NATIONALITY, POLITICAL OPINION, AND OTHER REASONS, REFUGEES IMMEDIATELY SEEK SAFETY AND PROTECTION. IN THE LONGER-TERM, HOWEVER, THEY REQUIRE ACCESS TO BASIC RIGHTS AND OPPORTUNITIES TO ENSURE THEY CAN LIVE IN DIGNITY AND SECURE A PATHWAY TO MEANINGFUL INTEGRATION IN THEIR HOST COMMUNITIES. DESPITE THE TRAUMA OF DISPLACEMENT, REFUGEES ARE RESILIENT AND RESOURCEFUL, FINDING WAYS TO NOT ONLY SURVIVE BUT TO THRIVE IN THEIR NEW HOMES. BUT THEY CANNOT DO IT ALONE. HIAS IS THE ONLY GLOBAL JEWISH ORGANIZATION WHOSE MISSION IS TO ASSIST REFUGEES, WHOEVER AND WHEREVER THEY ARE. WE FOCUS OUR ATTENTION ON THE MOST VULNERABLE, INCLUDING SURVIVORS OF GENDER-BASED VIOLENCE AND TORTURE, UNACCOMPANIED MINORS, SINGLE PARENTS, OLDER PEOPLE, PEOPLE WITH DISABILITIES, AND SEXUAL MINORITIES. OUR WORK IS GENEROUSLY SUPPORTED BY PRIVATE CONTRIBUTORS, THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR), OTHER UNITED NATIONS ENTITIES, AND THE UNITED STATES GOVERNMENT.



Name of the organization HIAS, INC.	Employer identification number 13-5633307
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HIAS' INTERNATIONAL PROGRAM ASSISTS REFUGEES IN FOUR REGIONS OF THE WORLD: AFRICA, LATIN AMERICA AND THE CARIBBEAN, THE MIDDLE EAST, AND EUROPE. SPECIFICALLY, BY THE END OF 2018 HIAS HAD ESTABLISHED OFFICES IN AUSTRIA, CHAD, COSTA RICA, ECUADOR, GREECE, ISRAEL, KENYA, PANAMA, AND VENEZUELA. PLANS WERE ALSO WELL UNDER WAY FOR THE OPENING OF OFFICES IN ARUBA, COLOMBIA, AND PERU. BECAUSE MOST REFUGEES FACE LONG PERIODS OF TIME UNABLE TO RETURN HOME AND FEW REFUGEES HAVE AN OPPORTUNITY TO BE RESETTLED IN A NEW COUNTRY, THEIR ABILITY TO BECOME SELF-SUFFICIENT IN HOST COUNTRIES AND TO MOVE BEYOND DEPENDENCE ON HUMANITARIAN AID IS CRUCIAL. HIAS' PROGRAMS ARE DESIGNED TO SUPPORT SELF-SUFFICIENCY BY FOCUSING ON:

1. LEGAL PROTECTION AND ASSISTANCE, WHICH HELP REFUGEES NAVIGATE THE COMPLEXITIES OF GOVERNMENTAL REQUIREMENTS IN ORDER TO LIVE SAFELY AND SECURELY AS REFUGEES WHILE SEEKING RESETTLEMENT, ASYLUM OR REPATRIATION. HIAS PROVIDES FREE LEGAL SERVICES TO HELP REFUGEES AND ASYLUM SEEKERS ATTAIN LEGAL STATUS IN THEIR HOST COUNTRY, AND PROVIDES EDUCATION TO HELP THEM UNDERSTAND THEIR RIGHTS AND OPTIONS. WE BUILD LOCAL CAPACITY TO MAKE LEGAL SERVICES MORE WIDELY AVAILABLE AND ADVOCATE TO GOVERNMENTS FOR INCREASED LEGAL PROTECTION. WE ALSO ENGAGE IN STRATEGIC LITIGATION TO CHALLENGE SYSTEMIC FAILURES AND BRING ABOUT PROGRESSIVE LEGAL CHANGE FOR REFUGEES. WHEN FEASIBLE, HIAS REFERS THE MOST VULNERABLE REFUGEES FOR RESETTLEMENT.

2. GENDER-BASED VIOLENCE (GBV) PREVENTION AND RESPONSE PROGRAMS ALLOW

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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FORCIBLY DISPLACED WOMEN AND GIRLS AND LGBTQ IDENTIFIED INDIVIDUALS TO PURSUE THEIR POTENTIAL AND ACCESS THEIR RIGHTS FREE FROM VIOLENCE AND OPPRESSION. AS A RESULT OF HIAS' INTERVENTIONS: REFUGEES FACE A REDUCED RISK OF GBV, SURVIVORS OF SEXUAL AND PHYSICAL VIOLENCE HAD ACCESS TO COORDINATED PSYCHOSOCIAL, HEALTH, AND LEGAL SERVICES; AND FAMILY AND COMMUNITY AND INSTITUTIONS HAD A GREATER CAPACITY TO SUPPORT WOMEN AND GIRLS AND LGBTQ INDIVIDUALS ACCESSING AND USING THEIR RIGHTS. HIAS WORKS TO ACHIEVE THESE OBJECTIVES BY ENGAGING COMMUNITY LEADERS AND OTHER KEY PARTNERS TO ACTIVELY PROMOTE THE SAFETY OF WOMEN, GIRLS AND LGBTQ INDIVIDUALS.

3. COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS), WHICH BUILDS THE CAPACITY OF FAMILIES, GROUPS AND COMMUNITIES TO CARE FOR INDIVIDUALS IN WAYS THAT LEAD TO RECOVERY AND RESILIENCE, AND HELPS STRENGTHEN COLLECTIVE STRUCTURES ESSENTIAL TO REFUGEES' WELLBEING. HIAS HELPS REFUGEE COMMUNITIES BUILD STRONG SUPPORT AND COPING SKILLS, ENGAGING COMMUNITY LEADERS, INCLUDING FAITH LEADERS, TO SUPPORT THE MOST VULNERABLE, INCLUDING SURVIVORS OF GENDER-BASED VIOLENCE. HIAS ALSO PROVIDES AID TO THOSE IN URGENT NEED, WHETHER THROUGH COUNSELING, SHORT-TERM FINANCIAL, HOUSING AND MATERIAL ASSISTANCE, OR CASE MANAGEMENT TO ENSURE ACCESS TO PUBLIC BENEFITS AND SERVICES. THE FOCUS OF INDIVIDUAL ASSISTANCE IS ALWAYS ON THE MOST VULNERABLE REFUGEES, WHO ARE LEAST ABLE TO SECURE PROTECTION AND SUPPORT FROM THEIR OWN FAMILIES AND COMMUNITY MEMBERS.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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4. LIVELIHOODS AND ECONOMIC INCLUSION PROGRAMMING, WHICH HELP REFUGEES ACHIEVE ECONOMIC SELF-SUFFICIENCY AND HELP REFUGEES REGAIN DIGNITY AND CONTROL OF THEIR LIVES BY SEIZING OPPORTUNITIES FOR ENTREPRENEURSHIP, VOCATIONAL TRAINING, AND EMPLOYMENT. HIAS HELPS REFUGEES ACCESS EMPLOYMENT AND VOCATIONAL TRAINING PROGRAMS, AND PROVIDES SCHOLARSHIPS AND ENTREPRENEURIAL MICRO-GRANTS FOR REFUGEES TO START SMALL BUSINESSES. A SPECIAL FOCUS OF HIAS' WORK IN THIS SECTOR IS THE GRADUATION MODEL, WHICH PROVIDES HOLISTIC SUPPORT OVER 12-18 MONTHS, ALLOWING REFUGEES TO "GRADUATE" OUT OF POVERTY AND ACHIEVE A CONSISTENT LEVEL OF SOCIAL AND ECONOMIC STABILITY. THESE PROGRAMS LAUNCH REFUGEES ON THE PATH TO ECONOMIC SELF-SUFFICIENCY, REDUCE RELIANCE ON EXPLOITATIVE WORK INCLUDING SURVIVAL SEX, AND HELP RESTORE A SENSE OF PURPOSE AND HUMAN DIGNITY.

EXAMPLES OF HIAS' INTERNATIONAL WORK IN 2018 INCLUDE THE FOLLOWING:

- GLOBALLY, HIAS' LEGAL PROTECTION SERVICES (INCLUDING PROTECTION OF REFUGEES AND ASYLUM SEEKERS AT THE BORDERS, PROVIDING LEGAL INFORMATION TO ENSURE THEY KNOW THEIR RIGHTS AND OBLIGATIONS, LEGAL AID AND REPRESENTATION, AND STRATEGIC LITIGATION) DIRECTLY SUPPORTED MORE THAN 23,000 INDIVIDUALS.
- HIAS DIRECTLY SUPPORTED THE RESETTLEMENT OF OVER 7,000 INDIVIDUALS FROM INTERNATIONAL LOCATIONS.
- THE ESTIMATED NUMBER OF WOMEN AND GIRLS WHO DIRECTLY BENEFITED FROM OUR GBV PREVENTION AND RESPONSE PROGRAMS WAS OVER 105,000.
- THE TOTAL NUMBER OF FORCIBLY DISPLACED PEOPLE WHO DIRECTLY AND INDIRECTLY BENEFITED FROM HIAS' INDIVIDUAL AND COMMUNITY-BASED MHPSS WAS

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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OVER 68,000.

- GLOBALLY HIAS' ECONOMIC INCLUSION PROGRAMS BENEFITED MORE THAN 25,000

INDIVIDUALS DIRECTLY TO HELPING INDIVIDUALS TO BE ON THE PATH TOWARDS

SELF-RELIANCE

- IN CHAD, HIAS PROVIDED FOOD AND NON-FOOD ITEMS TO MEET THE BASIC NEEDS

OF CLOSE TO 325,000 SUDANESE REFUGEES.

- IN VENEZUELA, HIAS DIRECTLY SUPPORTED OVER 10,000 FORCIBLY DISPLACED

PEOPLE AND VULNERABLE COLOMBIANS AND VENEZUELANAS TO MEET THEIR BASIC

NEEDS INCLUDING FOOD, WATER AND SANITATION NEEDS.

- IN COSTA RICA, HIAS IS THE LEADING LEGAL PROTECTION SERVICES PROVIDER

FOR FORCIBLY DISPLACED PEOPLE AND SERVED CLOSE TO 5,000 INDIVIDUALS

DIRECTLY THROUGH LEGAL AID, REPRESENTATION, AND ACCESS TO LEGAL RIGHTS.

- IN ECUADOR, HIAS' ECONOMIC INCLUSION PROGRAMS HELPED OVER 23,000 PEOPLE

DIRECTLY AND INDIRECTLY THROUGH ITS FLAGSHIP GRADUATION MODEL APPROACH

AND OTHER LIVELIHOOD INTERVENTIONS.

- HIAS IS ONE OF THE LEADING LEGAL AID PROVIDERS IN ISRAEL AND GREECE. IN

2018, HIAS LEGAL PROTECTION PROGRAMS SERVED NEARLY 1,100 AND 800

INDIVIDUALS, RESPECTIVELY.

PROGRAM SERVICE ACTIVITY 2

FORM 990, PART III, 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 HUMANITARIAN WORK ON BEHALF OF ALL PEOPLES,

HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES IN WELCOMING COMMUNITIES

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

HIAS' REFUGEE FAMILIES COME FROM AROUND THE WORLD AND OUR COMPREHENSIVE RESETTLEMENT PROGRAM ENABLES THEM TO ACCULTURATE TO AMERICAN SOCIETY AND TO BECOME SOCIALLY AND ECONOMICALLY INDEPENDENT.

IN 2018, HIAS RESETTLED 4,633 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 PRINS GRANT - HIAS CAN EXTEND CASE MANAGEMENT FOR UP TO FIVE YEARS, IF NEEDED, AND PROVIDE LEGAL ASSISTANCE FOR ASYLUM SEEKERS, WHO WERE PROFESSIONALS (SCIENTISTS, SCHOLARS, ARTISTS, PHYSICIANS, TEACHERS, AND OTHERS) AND WHO DESIRE TO CONTINUE OR REBUILD THEIR CAREERS IN THE UNITED STATES.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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PROGRAM SERVICE ACTIVITY 3

FORM 990, PART III, 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 2018, 702 REFUGEES COMPLETED THE PROGRAM, AND 87% WERE SELF-SUFFICIENT SIX MONTHS AFTER THEIR ARRIVAL IN THE U.S.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

FOLLOWING THE SUCCESS OF THE LAST THREE YEARS, HIAS LAUNCHED A SIGNIFICANT EFFORT TO EDUCATE, ORGANIZE, AND MOBILIZE THE AMERICAN JEWISH COMMUNITY - INCLUDING INDIVIDUALS, SYNAGOGUES, AND JEWISH INSTITUTIONS - ON THE GLOBAL REFUGEE CRISIS THROUGH THE LENS OF JEWISH VALUES, HISTORY AND EXPERIENCE. HIAS CREATED PARTNERSHIPS WITH SEVERAL HUNDRED SYNAGOGUES AND LOCAL JEWISH COMMUNITIES, INVOLVED 2,000 RABBIS IN ACTIVISM, ADVOCACY, AND VOLUNTEERISM IN SUPPORT OF REFUGEES, AND PROVIDED EDUCATIONAL MATERIALS AND TRAINING FOR COMMUNITY, PROFESSIONAL AND LAY LEADERS AT THE STATE, LOCAL, AND NATIONAL LEVELS.

HIAS IS A LEADER IN THE UNITED STATES IN DEVELOPING PUBLIC POLICIES AND

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ASSURING PUBLIC FUNDING TO SUPPORT REFUGEES ON ADVANCING DURABLE SOLUTIONS, PROVIDING LEGAL ASSISTANCE TOWARD ASYLUM AND CITIZENSHIP, AND SUPPORTING FAMILY UNIFICATION. HIAS ENGAGES EVERY COMMUNICATION TOOL AT ITS DISPOSAL TO COMBAT AND DRAW ATTENTION TO THE VIRULENT ANTI-REFUGEE REGULATION AND SENTIMENT, AND HAVE BECOME A GO-TO MEDIA RESOURCE AND AN IMPORTANT SOCIAL MEDIA PRESENCE IN SUPPORT OF REFUGEE POLICIES AND PROGRAMS. HIAS IS ACCREDITED BY THE ECONOMIC AND SOCIAL COMMISSION OF THE UNITED NATIONS, WHICH GIVES HIAS A PROMINENT PLATFORM FOR INTERNATIONAL ADVOCACY ON BEHALF OF REFUGEES.

FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES

FORM 990, PART V, LINE 4B

ARUBA, AUSTRIA, CHAD, COSTA RICA, ECUADOR, FRANCE, GREECE, ISRAEL, KENYA, PANAMA, REPUBLIC OF GEORGIA, RUSSIA, UGANDA, UKRAINE, VENEZUELA

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, COO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 WAS MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS. QUESTIONS RAISED BY THE BOARD WERE DISCUSSED IN DETAIL. A CALL TO REVIEW THE 990 IN DETAIL WITH THE BOARD AND EXTERNAL AUDITORS AND MANAGEMENT WAS SCHEDULED ON SEPTEMBER 9, 2019. FORM 990 WAS FILED WITH THE IRS AFTER THAT.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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## MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

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

ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS SUBMIT WRITTEN DISCLOSURE STATEMENTS ATTESTING THAT S/HE UNDERSTOOD AND COMPLIED WITH THE CONFLICTS OF INTEREST POLICY, AND CERTIFYING THAT EXCEPT AS SPECIFICALLY DESCRIBED IN HIS/HER PERSONAL DISCLOSURE FORM, NEITHER S/HE NOR ANY MEMBER OF HIS/HER FAMILY TO THE BEST OF HIS/HER KNOWLEDGE HAD BEEN ENGAGED IN ANY CONFLICT OF INTEREST. THE DISCLOSURE FORMS ARE REVIEWED BY MANAGEMENT AND NOTHING WAS NOTED THAT REQUIRED ACTION OF ANY KIND. THE CONFLICTS OF INTEREST FORMS ARE COMPLETED ANNUALLY AND RETAINED BY HIAS, INC. ANY POTENTIAL CONFLICTS OF INTEREST ARE EVALUATED, AND INDIVIDUALS WITH ANY ACTUAL CONFLICTS OF INTEREST RECUSE THEMSELVES FROM ANY DECISIONS OR DELIBERATIONS WITH REGARDS TO THE CONFLICTING ACTIVITY.

A COPY OF THE FORM 990 IS MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

## HIAS COMPENSATION POLICY

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

HIAS HAS ADOPTED AN ANNUAL CEO PERFORMANCE EVALUATION POLICY AND PROCESS WHICH IS FUNDAMENTAL TO THE BOARD OF DIRECTORS' OVERSIGHT OF THE CEO AND THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO ESTABLISHING THE COMPENSATION FOR THE CEO. THE CEO SUBMITS A WRITTEN SELF-EVALUATION TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL DEVELOPMENT OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE



Name of the organization HIAS, INC.	Employer identification number 13-5633307
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COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.

HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET BASED COMPENSATION PRACTICES AND THE ORGANIZATIONS' FINANCIAL RESOURCES. THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR ENSURING THAT A COMPENSATION MARKET ANALYSIS IS CONDUCTED AT LEAST EVERY TWO YEARS OF COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AND BENCHMARKING ITS RECOMMENDATION FOR CEO WITH SUCH GROUPS AS GUIDESTAR, CHARITY NAVIGATOR, AND NATIONAL JEWISH LEADERSHIP ORGANIZATIONS. THE FULL BOARD OF DIRECTORS IS RESPONSIBLE FOR MAKING THE FINAL COMPENSATION DETERMINATION BASED ON THE PERFORMANCE REVIEW OF ITS CEO, THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE AND THE MARKET ANALYSIS. THE MINUTES OF THE BOARD DOCUMENT THE BOARD'S DECISION AND ITS BASIS FOR THE REASONABLENESS OF THE COMPENSATION.

FOR KEY EMPLOYEES AND OFFICERS, THE COMPENSATION REVIEWS ARE DONE INTERNALLY BY MANAGEMENT TAKING INTO CONSIDERATION HIAS'S COMPENSATION PHILOSOPHY AND THE CURRENT MARKET SITUATION.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC  
FORM 990, PART VI, SECTION C, LINE 19

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO PUBLISHED ON HIAS' WEBSITE. THESE DOCUMENTS ALONG WITH OUR WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT:	(\$231,276)
CHANGE IN MINIMUM PENSION LIABILITY:	(\$279,255)
ADJUSTMENT TO HIAS FUND BALANCE	(\$284,145)
HIAS ISRAEL OPERATIONS	(\$9,961)
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TOTAL:	(\$804,637)

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ATTACHMENT 1


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FORM 990, PART VI, LINE 17 - STATES


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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,

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CIGNA HEALTH AND LIFE INSURANCE 13680 COLLECTIONS CENTER DR. CHICAGO, IL 60693	MED INSURANCE SVCS	1,119,600.
AMERICAN JEWISH HISTORICAL SOCIETY 15 WEST 16TH STREET NEW YORK, NY 10011	ARCHIV & RESTOR SVCS	426,644.
ACSA GROUP INSURANCE TOTAL 10 RESEARCH PKWY STE 200 WALLINGFORD, CT 06492	GENERAL INSURANCES	409,504.
ANNE LEWIS STRATEGIES P.O. BOX 3243 OMAHA, NE 68103	MANAGEMENT CONSULT.	353,500.
THIRDBRIDGE 260 MADISON AVE NEW YORK, NY 10016	RENTAL SERVICES	252,507.

HIAS, INC.

13-5633307

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-2 contain data for HIAS ISRAEL and HIAS ARUBA.

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

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST (1) GEORGE LANGNAS, 12 NOEL DRIVE OSSINING, NY 10562	CRUT	NY	N/A						X
(2)									
(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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**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)													
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(7)													
(8)													
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(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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