

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **2019**, and ending **2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HIAS, INC.		D Employer identification number 13-5633307
	Doing business as		E 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	G Gross receipts \$ 67,202,528.
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910			
F Name and address of principal officer: MARK HETFIELD SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.HIAS.ORG			L Year of formation: 1881 M State of legal domicile: NY
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HIAS IS THE GLOBAL JEWISH ORGANIZATION THAT RESCUES PEOPLE WHOSE LIVES ARE IN DANGER FOR BEING WHO THEY ARE & STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY AND FREEDOM.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	145.
	6 Total number of volunteers (estimate if necessary)	6	437.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,464.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,489.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	46,527,210.	52,305,704.
	9 Program service revenue (Part VIII, line 2g)	894,500.	966,922.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,823,425.	2,004,604.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	334,557.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,245,135.	55,611,787.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,690,772.	16,568,278.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,662,329.	22,933,568.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,024,091.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,980,053.	18,288,623.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,333,154.	57,790,469.
19 Revenue less expenses. Subtract line 18 from line 12	5,911,981.	-2,178,682.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 70,175,662.	End of Year 85,174,923.
	21 Total liabilities (Part X, line 26)	21,018,313.	30,689,695.
	22 Net assets or fund balances. Subtract line 21 from line 20.	49,157,349.	54,485,228.

Part II Signature Block

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

Sign Here		11.16.2020			
	FARHAN IRSHAD COO	Date			
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature 	Date 11/16/2020	Check <input type="checkbox"/> if self-employed	PTIN P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	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

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HAYFORD MENSAH, CFO

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

Telephone No. ► 301 844-7300 Fax No. ►

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

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

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2019 or
► tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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 \$ 32,318,485. including grants of \$ 9,300,244.) (Revenue \$ 0.)

SEE SCHEDULE O.

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

SEE SCHEDULE O.

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

SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question 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, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, 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 returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 on 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 (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 on 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. See instructions for the order in which to list the persons above.

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) MARK HETFIELD PRESIDENT AND CEO	35.00 0.			X			359,084.	0.	28,427.	
(2) FARHAN IRSHAD CHIEF OPERATING OFFICER	35.00 0.			X			206,682.	0.	40,656.	
(3) MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	35.00 0.				X		186,686.	0.	58,241.	
(4) FRANCINE S. STEIN SENIOR ADVISOR	35.00 0.					X	232,121.	0.	9,046.	
(5) ELIZABETH SWEET CHIEF OF STAFF	35.00 0.			X			180,054.	0.	36,648.	
(6) HAYFORD MENSAH CHIEF FINANCIAL OFFICER	35.00 0.					X	158,039.	0.	57,643.	
(7) MIRIAM FEFFER VP DEVELOPMENT	35.00 0.					X	166,929.	0.	42,149.	
(8) MULUEMEBET HUNEGNAW VP, STRATEGY & MEASUREMENT	35.00 0.			X			150,559.	0.	45,797.	
(9) RAPHAEL MARCUS SENIOR VP PROGRAMS	35.00 0.			X			191,868.	0.	0.	
(10) EMILY RUSS AUSTRIA COUNTRY DIRECTOR	35.00 0.					X	150,792.	0.	24,348.	
(11) JESSICA REESE DIR, STRATEGIC PARTNERSHIPS	35.00 0.					X	160,200.	0.	8,042.	
(12) DIANNE F. LOB EX-OFFICIO FROM 7/1/2019	5.00 0.	X		X			0.	0.	0.	
(13) RENE LERER DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) ANN F. COHEN DIRECTOR, TO 6/30/2019	3.00 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) LANA ALMAN ----- DIRECTOR, TO 9/30/2019	1.00 0.	X						0.	0.	0.
(16) ROBERT D. ARONSON ----- CHAIR	15.00 0.	X		X				0.	0.	0.
(17) JEFFREY BLATTNER ----- VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(18) JUDITH H. FRIEDMAN ----- DIRECTOR	3.00 0.	X						0.	0.	0.
(19) JULIE GERSTEN ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(20) JANE GINNS ----- DIRECTOR	2.00 0.	X						0.	0.	0.
(21) MITCHELL GORDON ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(22) KAREN GREEN ----- DIRECTOR	6.00 0.	X						0.	0.	0.
(23) GARY HIRSCHBERG ----- SECRETARY/TREASURER	2.00 0.	X		X				0.	0.	0.
(24) TAMAR NEWBERGER ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(25) DORIT PERRY ----- DIRECTOR	2.00 0.	X						0.	0.	0.
1b Sub-total								2,143,014.	0.	350,997.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,143,014.	0.	350,997.

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 ► 30

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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 ► 7

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) FRANK RISCH ----- DIRECTOR	3.00 0.	X					0.	0.	0.	
(27) LEON RODRIGUEZ ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(28) ILAN ROSENBERG ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(29) ERIC SCHWARTZ ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(30) MARC SILBERBERG ----- DIRECTOR	2.00 0.	X					0.	0.	0.	
(31) SANDRA SPINNER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(32) HARLEY UNGAR ----- DIRECTOR	2.00 0.	X					0.	0.	0.	
(33) YULI WEXLER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(34) PHILIP E. WOLGIN ----- DIRECTOR	4.00 0.	X					0.	0.	0.	
(35) ALAN ABRAMSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(36) TANAZ ESHAGHIAN ----- DIRECTOR, 7/1 TO 9/30/2019	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 30

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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 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			
(37) ALLA HOLMES ----- DIRECTOR, TO 6/30/2019	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 30

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	21,409,292.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	30,896,412.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		52,305,704.				
	Program Service Revenue				Business Code			
2a		MIGRANT LOAN PROCESSING FEES		900099	545,188.	545,188.		
b		SERVICE FEE & OTHER REVENUE		900099	421,734.	408,270.	13,464.	
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			966,922.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			905,641.		905,641.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						12,689,704.		
	b	Less: cost or other basis and sales expenses . .	7b			11,590,741.		
	c	Gain or (loss)	7c			1,098,963.		
	d	Net gain or (loss) ▶				1,098,963.	1,098,963.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
			8b			0.		
			c	Net income or (loss) from fundraising events. ▶			0.	
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
			9b			0.		
			c	Net income or (loss) from gaming activities. ▶			0.	
10a	Gross sales of inventory, less returns and allowances	10a			0.			
			10b			0.		
			c	Net income or (loss) from sales of inventory. ▶			0.	
Miscellaneous Revenue				Business Code				
	11a	FOREIGN EXCHANGE GAIN/LOSS		900099	334,557.		334,557.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶				334,557.			
12	Total revenue. See instructions ▶				55,611,787.	953,458.	13,464.	
							2,339,161.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,455,822.	8,455,822.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,112,456.	8,112,456.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,219,595.	191,869.	812,610.	215,116.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	14,620,195.	8,970,945.	4,445,493.	1,203,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	425,572.		425,572.	
9 Other employee benefits	5,141,689.	3,088,117.	1,625,692.	427,880.
10 Payroll taxes	1,526,517.	823,924.	702,593.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	1,041,431.	1,027,942.		13,489.
c Accounting	240,687.	12,462.	228,225.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	394,351.		394,351.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,498,790.	1,399,059.	1,007,459.	92,272.
12 Advertising and promotion	470,940.	121,493.	248,697.	100,750.
13 Office expenses	592,676.	209,761.	371,409.	11,506.
14 Information technology.	1,383,887.	857,770.	420,155.	105,962.
15 Royalties.	0.			
16 Occupancy	2,719,144.	1,451,836.	1,266,888.	420.
17 Travel	1,897,976.	1,355,254.	497,880.	44,842.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	92,882.	19,390.	73,492.	
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPORT	381,116.	374,662.	1,893.	4,561.
b INDIRECT COST		3,109,006.	-3,109,006.	
c MEMBERSHIP & SUBSCRIPTION	154,500.	20,769.	120,617.	13,114.
d PROGRAM SUPPLIES	376,606.	376,606.		
e All other expenses <u>ATCH 3</u>	6,043,637.	5,150,469.	102,746.	790,422.
25 Total functional expenses. Add lines 1 through 24e	57,790,469.	45,129,612.	9,636,766.	3,024,091.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	6,407,908.	2	5,833,698.
	3 Pledges and grants receivable, net	4,920,686.	3	5,687,314.
	4 Accounts receivable, net.	66,426.	4	234,387.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	412,078.	9	554,166.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,326,369.		
	b Less: accumulated depreciation	10b 1,197,229.	949,357.	10c 1,129,140.
	11 Investments - publicly traded securities	31,847,138.	11	40,737,795.
	12 Investments - other securities. See Part IV, line 11	25,572,069.	12	24,788,685.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	6,209,738.
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,175,662.	16	85,174,923.	
Liabilities	17 Accounts payable and accrued expenses	6,085,409.	17	4,315,161.
	18 Grants payable	0.	18	325,995.
	19 Deferred revenue	0.	19	4,927,008.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,932,904.	25	21,121,531.
	26 Total liabilities. Add lines 17 through 25.	21,018,313.	26	30,689,695.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,472,649.	27	47,640,194.
	28 Net assets with donor restrictions	5,684,700.	28	6,845,034.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	49,157,349.	32	54,485,228.	
33 Total liabilities and net assets/fund balances	70,175,662.	33	85,174,923.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,611,787.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,790,469.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,178,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,157,349.
5	Net unrealized gains (losses) on investments	5	7,075,435.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-279,449.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	710,575.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,485,228.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

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 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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 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: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

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

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

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

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
FX GAIN/LOSS					334,557.	334,557.
TOTALS					<u>334,557.</u>	<u>334,557.</u>

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to 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, 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		\$ 4,526,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 16,882,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 12,681,620.	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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to 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) 2019

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,187.	
c Total lobbying expenditures (add lines 1a and 1b)		3,187.	
d Other exempt purpose expenditures		45,126,425.	
e Total exempt purpose expenditures (add lines 1c and 1d)		45,129,612.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

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

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

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

Part IV Supplemental Information (continued)

LOBBYING EXPENDITURES

SCHEDULE C, PART II-A, LINE 1B

HIAS DEVELOPS AND PROMOTES POLICIES AND BUILDS CONSTITUENCIES IN ORDER TO INCREASE SUPPORT FOR HIAS' WORK AND ACHIEVE HIAS' ADVOCACY PRIORITIES INCLUDING A ROBUST HUMANITARIAN AID PROGRAM TO REFUGEES BY THE UNITED STATES GOVERNMENT. IN 2019, HIAS ADVOCATED FOR INCREASED REFUGEE ADMISSIONS; ROBUST FUNDING FOR INTERNATIONAL AND DOMESTIC REFUGEE PROGRAMS; AND, OPPOSED THE INTRODUCTION OF LEGISLATION AND ADMINISTRATIVE ACTIONS THAT WOULD CURTAIL ASYLUM IN THIS COUNTRY. IN ADDITION, HIAS PROVIDED REGIONAL ADVOCACY TRAININGS FOR ADVOCATES FROM THE AMERICAN JEWISH COMMUNITY. AS A RESULT OF THESE TRAININGS AND FOLLOW-UP SUPPORT, THERE ARE NOW MORE THAN 10 ACTIVE JEWISH COALITIONS ADVOCATING FOR REFUGEE WELCOME AROUND THE COUNTRY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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, 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, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

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 make 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 program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

	Amount
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? **Yes** **No**

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.

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

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

- a** Board designated or quasi-endowment ▶ 91.4440 %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ 8.5560 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT DEPOSITS	4,734,731.
(3) PENSION OBLIGATIONS	6,184,847.
(4) ANNUITY OBLIGATIONS	1,355,950.
(5) SEVERANCE OBLIGATIONS	2,177,046.
(6) INTERCOMPANY PAYABLE	6,668,957.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,121,531.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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 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
(1) EUROPE	2.	47.	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,326,935.
(2) MIDDLE EAST AND NORTH AFRICA	1.	14.	PROGRAM SERVICES	REFUGEE ASSISTANCE	932,139.
(3) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	REFUGEE ASSISTANCE	41,000.
(4) SOUTH AMERICA	4.	409.	PROGRAM SERVICES	REFUGEE ASSISTANCE	17,296,861.
(5) SUB-SAHARAN AFRICA	2.	22.	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,602,035.
(6) CENTRAL AMERICA/CARIBBEAN	3.	71.	PROGRAM SERVICES	REFUGEE ASSISTANCE	1,578,950.
(7) NORTH AMERICA	2.	192.	PROGRAM SERVICES	REFUGEE ASSISTANCE	9,593.
(8) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		618,882.
(9) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		930,772.
(10) NORTH AMERICA	0.	0.	GRANTMAKING		8,460.
(11) SOUTH AMERICA	0.	0.	GRANTMAKING		4,630,921.
(12) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		1,923,421.
(13) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		5,376,230.
(14) EUROPE	0.	0.	INVESTMENTS		4,439,686.
(15) NORTH AMERICA	0.	0.	INVESTMENTS		198,291.
(16) SOUTH AMERICA	0.	0.	INVESTMENTS		8,135.
(17) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		5,892,054.
3a Subtotal	14.	755.			48,814,365.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	14.	755.			48,814,365.

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

Schedule F (Form 990) 2019

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)			NORTH AMERICA	SUB-AWARD	8,460.	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	SUB-AWARD	930,772.	CHECK			
(3)			SUB-SAHARAN AFRICA	SUB-AWARD	1,357,414.	CHECK			
(4)			SUB-SAHARAN AFRICA	SUB-AWARD	566,007.	CHECK			
(5)			SOUTH AMERICA	SUB-AWARD	32,234.	CHECK			
(6)			SOUTH AMERICA	SUB-AWARD	104,839.	CHECK			
(7)			CENT. AMERICA/CARIBBEAN	SUB-AWARD	424,235.	CHECK			
(8)			CENT. AMERICA/CARIBBEAN	SUB-AWARD	194,647.	CHECK			
(9)			SOUTH AMERICA	SUB-AWARD	4,493,848.	CHECK			
(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 **9.**

3 Enter total number of other organizations or entities **9.**

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I General Information on Grants and Assistance

- 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
- 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 SEE PART IV ANN ARBOR, MI	41-2147486	501(C)(3)	632,989.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(2) JEWISH FAMILY & CHLDNRN SERVICES OF THE EAST SEE PART IV EAST BAY, CA	94-3250304	501(C)(3)	370,834.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(3) JEWISH FAMILY SERVICE OF BUFFALO & ERIE COU SEE PART IV BUFFALO, NY	16-0760888	501(C)(3)	633,831.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(4) CAROLINA REFUGEE RESETTLEMENT AGENCY SEE PART IV CHARLOTTE, NC	30-0577219	501(C)(3)	590,281.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(5) JEWISH FAMILY SERVICE OF WESTERN MASS. SEE PART IV SPRINGFIELD, MA	04-2104352	501(C)(3)	282,661.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(6) JEWISH FAMILY SERVICE OF SEATTLE SEE PART IV SEATTLE, WA	91-0565537	501(C)(3)	801,771.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(7) GULF COAST JEWISH FAMILY & COMMUNITY SVCS SEE PART IV CLEARWATER, FL	59-1229354	501(C)(3)	532,399.				REFUGEE RECEPTION & PLACEMENT, PREF COMM
(8) HIAS & COUNCIL MIGRATION SVC PHILADELPHIA SEE PART IV PHILADELPHIA, PA	21-1405597	501(C)(3)	643,385.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(9) JEWISH FAMILY SERVICES OF SILICON VALLEY SEE PART IV LOS GATOS, CA	94-2536452	501(C)(3)	213,501.				REFUGEE RECEP & PLAC MATCHING GRANT
(10) JEWISH FAMILY & CHILDREN'S SERVICE SEE PART IV PITTSBURGH, PA	25-0965407	201(C)(3)	546,576.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(11) JEWISH FAMILY SERVICE OF SAN DIEGO SEE PART IV SAN DIEGO, CA	95-1644024	201(C)(3)	702,172.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG
(12) US TOGETHER, INC. SEE PART IV COLUMBUS, OH	85-0395108	501(C)(3)	1,525,201.				REFUGEE RECEP & PLAC PREF COMMUNITIES, MG

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I General Information on Grants and Assistance

- 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
- 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) MADISON JFS SEE PART IV MADISON, WI	39-1300430	501(C)(3)	179,376.				REFUGEE RECEPTION & PLACEMENT
(2) WILMINGTON JFS SEE PART IV WILMINGTON, DE	51-0097026	501(C)(3)	33,044.				REFUGEE RECEPTION & PLACEMENT
(3) DIOCESAN MIGRANT AND REFUGEE SERVICES, INC. SEE PART IV EL PASO, TX	74-2723627	501(C)(3)	52,565.				REFUGEE RECEPTION & PLACEMENT
(4) ASYLUM SEEKER ASSISTANCE PROJECT SEE PART IV WASHINGTON, DC	81-3205931	501(C)(3)	164,862.				REFUGEE RECEPTION & PLACEMENT
(5) NORWEGIAN REFUGEE COUNCIL USA SEE PART IV WASHINGTON, DC	47-5342860	501(C)(3)	74,711.				REFUGEE RECEPTION & PLACEMENT
(6) LAS AMERICAS IMMIGRANT ADVOCACY CENTER SEE PART IV EL PASO, TX	74-2472774	501(C)(3)	71,063.				REFUGEE RECEPTION & PLACEMENT
(7) THE CENTER FOR MIND-BODY MEDICINE SEE PART IV WASHINGTON, DC	52-1755744	501(C)(3)	20,000.				REFUGEE RECEPTION & PLACEMENT
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2019)

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.

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.

DOMESTIC ORGANIZATION AND GOVERNMENT ADDRESSES

SCHEDULE I, PART II

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I Questions Regarding Compensation

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 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
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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)	309,283.	0.	49,801.	26,000.	2,427.	387,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 FARHAN IRSHAD CHIEF OPERATING OFFICER	(i)	206,682.	0.	0.	10,673.	29,983.	247,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FRANCINE S. STEIN SENIOR ADVISOR	(i)	203,228.	0.	28,893.	9,000.	46.	241,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	(i)	186,686.	0.	0.	33,315.	24,926.	244,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MIRIAM FEFFER VP DEVELOPMENT	(i)	166,929.	0.	0.	22,750.	19,399.	209,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ELIZABETH SWEET CHIEF OF STAFF	(i)	180,054.	0.	0.	28,083.	8,565.	216,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HAYFORD MENSAH CHIEF FINANCIAL OFFICER	(i)	158,039.	0.	0.	27,260.	30,383.	215,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JESSICA REESE DIR, STRATEGIC PARTNERSHIPS	(i)	159,000.	0.	1,200.	7,950.	92.	168,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RAPHAEL MARCUS SENIOR VP PROGRAMS	(i)	191,868.	0.	0.	0.	0.	191,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MULUEMEBET HUNEGNAW VP, STRATEGY & MEASUREMENT	(i)	150,559.	0.	0.	17,814.	27,983.	196,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 EMILY RUSS AUSTRIA COUNTRY DIRECTOR	(i)	116,049.	0.	34,743.	0.	24,348.	175,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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.

SEVERANCE OR CHANGE-OF-CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

DURING THE YEAR ENDED 12/31/2019, AN INDIVIDUAL RECEIVED SEVERANCE PAYMENTS. THIS AMOUNT IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUAL AND AMOUNT IS LISTED BELOW:

FRANCINE S. STEIN	\$27,693
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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.

OTHER COMPENSATION

SCHEDULE J, PART II, COLUMN B(III)

\$49,801 OF REPORTABLE COMPENSATION FOR MARK HETFIELD REPRESENTS

RELOCATION SUBSIDIES.

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-5633307

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

HIAS IS THE INTERNATIONAL JEWISH NONPROFIT THAT STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM.

THERE HAVE NEVER BEEN MORE PEOPLE SEEKING SAFETY AND SO FEW PLACES WILLING TO PROTECT AND WELCOME THEM. NEARLY 80 MILLION PEOPLE HAVE FLED PERSECUTION. FOUNDED IN 1881, HIAS IS THERE FOR REFUGEES WHEN AND WHERE THEY NEED HELP MOST. WE ARE A JEWISH HUMANITARIAN ORGANIZATION THAT WORKS IN THE UNITED STATES AND 15 OTHER COUNTRIES, PROVIDING VITAL SERVICES TO REFUGEES AND ASYLUM SEEKERS SO THEY CAN REBUILD THEIR LIVES. WITH THE AMERICAN JEWISH COMMUNITY BESIDE US, WE ADVOCATE FOR THE RIGHTS OF FORCIBLY DISPLACED PEOPLE OF ALL FAITHS, NATIONALITIES AND ETHNIC BACKGROUNDS.

PROGRAM SERVICE ACTIVITY 1

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

THE NUMBER OF FORCIBLY DISPLACED PEOPLE CONTINUES TO RISE AROUND THE WORLD, AND AT THE SAME TIME, NATIONAL GOVERNMENTS ARE RESPONDING BY REDUCING RESETTLEMENT PROGRAMS AND REFUGEE PROTECTIONS TO ALL-TIME LOWS. IN THE COUNTRIES WHERE PROTECTIONS DO EXIST, ASYLUM SEEKERS OFTEN MUST NAVIGATE COMPLEX BUREAUCRATIC AND LEGAL SYSTEMS ALONE TO SECURE BASIC RIGHTS. AS A RESULT OF THEIR EXPERIENCES-FROM UPROOTING THEIR LIVES TO SURVIVING OR WITNESSING VIOLENCE-MANY REFUGEES NEED URGENT SERVICES AS

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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WELL AS LONG-TERM SUPPORT, LIKE ECONOMIC ASSISTANCE, LEGAL AID, AND PSYCHOSOCIAL CARE, IN ORDER TO GAIN GREATER STABILITY AND REBUILD THEIR LIVES.

THE MAJORITY OF FORCIBLY DISPLACED PEOPLE ARE WOMEN AND GIRLS. MANY FACE DISPROPORTIONATE AND DEVASTATING CHALLENGES, INCLUDING SEXUAL AND GENDER-BASED VIOLENCE.

AT HIAS, WE HAVE SEEN THROUGHOUT OUR HISTORY THAT REFUGEES AND THEIR FAMILIES MAKE VALUABLE CONTRIBUTIONS TO OUR COMMUNITIES. THEY SEIZE OPPORTUNITIES THAT THE RIGHTS TO LIVE, WORK, AND LEARN IN SAFETY AND FREEDOM OFFER TO REBUILD THEIR LIVES AND THRIVE.

HIAS PARTNERS CLOSELY WITH DOMESTIC AND INTERNATIONAL LEADERSHIP, LIKE THE U.S. DEPARTMENT OF STATE AND THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES, AS WELL AS REFUGEE AGENCIES AND HUMAN RIGHTS GROUPS. OUR WELL-ESTABLISHED PARTNERSHIPS ENABLE US TO SHARE OUR EXPERTISE, ACHIEVE OUR ADVOCACY OBJECTIVES, AND MAXIMIZE OUR IMPACT. WE PROVIDE VITAL AND URGENT SERVICES TO REFUGEES IN THE UNITED STATES AND 15 OTHER COUNTRIES AND ADVOCATE FOR THE RIGHTS OF ASYLUM SEEKERS AND FORCIBLY DISPLACED PEOPLE.

WE PROVIDE LEGAL SERVICES AND SUPPORT, INCLUDING FREE LEGAL REPRESENTATION FOR ASYLUM SEEKERS. LEGAL STATUS IS CRITICAL FOR REFUGEES. IT ENSURES THE GOVERNMENT WON'T RETURN THEM TO THE COUNTRY WHERE THEY

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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FACE PERSECUTION. IT PROVIDES A SENSE OF SAFETY AND PERMANENCE, AND OPENS ACCESS TO HEALTHCARE, SHELTER, WORK, AND EDUCATION. OUR NETWORK OF PRO-BONO LAWYERS AND VOLUNTEERS EDUCATE REFUGEES ON THEIR RIGHTS, AND HELP THEM PREPARE LEGAL DOCUMENTS AND GAIN ACCESS TO SOCIAL, HEALTH, EMPLOYMENT, AND OTHER ESSENTIAL SERVICES THROUGHOUT THE COURSE OF THEIR LEGAL PROCEEDINGS. IMMIGRANTS, REFUGEES, AND ASYLUM SEEKERS DON'T HAVE THE RIGHT TO APPOINTED COUNSEL, WHICH MAKES OUR PRO-BONO LAWYERS CRITICAL TO THEIR CASES. IN ADDITION TO INDIVIDUAL REPRESENTATION, HIAS ENGAGES IN STRATEGIC LITIGATION IN PARTNERSHIP WITH NGOS, COMMUNITY ORGANIZATIONS, AND LAW FIRMS TO SECURE LEGAL PROTECTION FOR BROADER GROUPS OF FORCIBLY DISPLACED PEOPLE.

WE PREVENT GENDER-BASED VIOLENCE BY REDUCING RISK; HELPING SURVIVORS, WOMEN, GIRLS, AND LGBTQ+ PEOPLE FIND HEALTHCARE AND SAFETY; AND CHANGING BELIEFS THAT PERPETUATE VIOLENCE. THIS AREA OF OUR WORK IS DRIVEN BY SURVIVORS. BECAUSE WE PRIORITIZE THEIR LEADERSHIP AND EXPERIENCES, WE'RE ABLE TO DEVELOP MORE TAILORED AND EFFECTIVE PROGRAMS THAT SUPPORT ALL REFUGEES. WE REDUCE THE RISK OF GENDER-BASED VIOLENCE BY BUILDING WOMEN'S AND GIRLS' ECONOMIC ASSETS, SUPPORTING SAFE SPACES FOR THEM TO FORGE BONDS OF SOLIDARITY AND TRUST, AND RAISING AWARENESS OF THEIR RIGHTS AND THE SERVICES AVAILABLE TO THEM. WE ALSO TRAIN COMMUNITY LEADERS TO RECOGNIZE AND WORK WITH WOMEN, GIRLS, AND LGBTQ+ INDIVIDUALS TO ENSURE THEY'RE SAFE. WE HELP SURVIVORS IMPROVE THEIR WELL-BEING, FIND SOLIDARITY, AND HEAL THROUGH CASE MANAGEMENT, PSYCHOSOCIAL SERVICES, AND REFERRALS TO LEGAL SERVICES AND WOMEN'S GATHERING PLACES. WE ADDRESS THE

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ROOT CAUSE OF GENDER-BASED VIOLENCE BY WORKING WITH MEN AND BOYS TO BUILD HEALTHY NORMS AROUND MASCULINITY AND UNDERSTAND THEIR ROLE IN PROMOTING THE HEALTH AND SAFETY OF WOMEN AND GIRLS.

OUR COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMS HELP INDIVIDUALS AND FAMILIES RECOVER FROM THE STRESS OF DISPLACEMENT AND DEVELOP HEALTHY COPING MECHANISMS.

COMMUNITIES KNOW WHAT THEY NEED TO IMPROVE THE WELL-BEING OF THEIR MEMBERS. WE LISTEN CLOSELY AND BUILD ON COMMUNITIES' EXISTING STRENGTHS AND RESOURCES SO THAT OUR SUPPORT PROGRAMS ARE SUSTAINABLE AND EFFECTIVE. WE TRAIN KEY COMMUNITY MEMBERS TO RECOGNIZE HOW CHILDREN AND ADULTS RESPOND TO TRAUMATIC EVENTS, PROVIDE BASIC PSYCHOSOCIAL SUPPORT, AND REFER PEOPLE TO SPECIALIZED CARE. WE CREATE SHORT-TERM AND INTENSIVE CARE MECHANISMS WITHIN COMMUNITIES, SO THAT OUR CLIENTS CAN ACCESS THE SUPPORT THEY NEED URGENTLY. TO BUILD CONNECTION AND RESILIENCE, WE CREATE AND PROMOTE SUPPORT GROUPS BASED ON LANGUAGE, GENDER, AGE, AND OTHER FACETS OF IDENTITY. THESE GROUPS PROVIDE A SAFE FORUM FOR SHARING EXPERIENCES AND HEALING.

THROUGH OUR ECONOMIC INCLUSION WORK, WE ENABLE REFUGEES TO WORK TOWARD FINANCIAL INDEPENDENCE AND CONTRIBUTE TO THEIR COMMUNITY. WE PROVIDE CASH ASSISTANCE TO REFUGEES LIVING IN EXTREME POVERTY AND OFFER EDUCATION AND COACHING ON ESTABLISHING HEALTHY FINANCIAL HABITS, LIKE THE IMPORTANCE OF SAVING AND HOW TO NAVIGATE BANKING INSTITUTIONS. WE PARTNER WITH PRIVATE

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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SECTOR EMPLOYERS TO OFFER VOCATIONAL TRAINING AND PROFESSIONAL SKILLS-BUILDING OPPORTUNITIES FOR REFUGEES. WE ALSO STRENGTHEN THE CAPACITY OF THESE COMPANIES TO RECRUIT AND RETAIN REFUGEES AS EMPLOYEES.

WE SUPPORT ENTREPRENEURSHIP BY DELIVERING SEED CAPITAL AND MENTORING REFUGEES WHO ARE STARTING BUSINESSES IN THEIR HOST COUNTRIES.

EXAMPLES OF HIAS' IMPACT IN 2019:

- O HIAS PROVIDED SERVICES TO OVER 764,000 FORCIBLY DISPLACED PEOPLE WORLDWIDE.
- O IN THE US, HIAS PROVIDED LEGAL PROTECTION SERVICES TO 8,342 PEOPLE.
- O HIAS' ECONOMIC INCLUSION PROGRAMS HELPED PLACE 38,416 INDIVIDUALS ON THE PATH TOWARDS SELF-RELIANCE
- O IN CHAD, HIAS PROVIDED FOOD AND NON-FOOD ITEMS TO MEET THE BASIC NEEDS OF CLOSE TO 336,000 SUDANESE REFUGEES.
- O IN VENEZUELA, HIAS MET THE FOOD, WATER, AND SANITATION NEEDS OF 99,000 DISPLACED PEOPLE.
- O IN COSTA RICA, HIAS IS THE LEADING LEGAL PROTECTION SERVICES PROVIDER AND SERVED OVER 10,000 PEOPLE.
- O IN ECUADOR, HIAS' ECONOMIC INCLUSION PROGRAMS HELPED OVER 27,837 PEOPLE.
- O HIAS IS ONE OF THE LEADING LEGAL AID PROVIDERS IN GREECE, WHERE WE SERVED 17,908 PEOPLE, AND ISRAEL, WHERE WE SERVED 3,282.

PROGRAM SERVICE ACTIVITY 2

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

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AS THE OLDEST RESETTLEMENT AGENCY IN THE WORLD AND THE ONLY JEWISH ORGANIZATION DESIGNATED BY THE FEDERAL GOVERNMENT TO UNDERTAKE THIS HUMANITARIAN WORK, HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES THROUGHOUT THE COUNTRY. DESPITE A RECORD HIGH OF NEARLY 26 MILLION REFUGEES WORLDWIDE, THE NUMBER OF REFUGEES ALLOWED TO RESETTLE IN THE U.S. WAS CAPPED AT 30,000 IN 2019, MARKING A NEW HISTORIC LOW FOR THE U.S. REFUGEE ADMISSIONS PROGRAM SINCE THE 1980 REFUGEE ACT BECAME LAW. WITH FEWER NEW ARRIVALS, HIAS INTENSIFIED OUR WORK ACROSS THE U.S. TO ENHANCE THE ECONOMIC AND SOCIAL INTEGRATION OF REFUGEES AS THEY ADJUST TO AMERICAN LIFE. THROUGH OUR NATIONAL RESETTLEMENT NETWORK OF 17 AFFILIATES, HIAS PROVIDED CLIENTS WITH NEW PROGRAMMING AND RESOURCES TO SUPPORT THEIR FULL ECONOMIC AND SOCIAL INCLUSION IN THE UNITED STATES. IN 2019, HIAS RESETTLED 2,319 REFUGEES.

HIAS' ECONOMIC INCLUSION PROGRAMS TAKE A HOLISTIC APPROACH BY SUPPORTING AND EMPOWERING CLIENTS THROUGH EARLY EMPLOYMENT OR ENTREPRENEURSHIP, WHILE SIMULTANEOUSLY ENHANCING THEIR FINANCIAL CAPABILITY TO ACHIEVE LONG-TERM ECONOMIC INDEPENDENCE. HIAS WORKS WITH CLIENTS NOT ONLY TO GAIN NEW SKILLS FOR OPTIMAL EMPLOYMENT AND A CHANGING WORKFORCE, BUT ALSO TO BUILD THEIR FINANCIAL KNOWLEDGE, SAVINGS, AND ASSETS--SUCH AS PURCHASING A VEHICLE OR HOME, STARTING A BUSINESS, OR SAVING FOR HIGHER EDUCATION. ACROSS A RANGE OF INDUSTRIES, HIAS PARTNERS WITH LOCAL AND NATIONAL EMPLOYERS TO INTEGRATE REFUGEES INTO THE WORKFORCE AND PROVIDE TRAINING FOR CAREER DEVELOPMENT AND UPWARD MOBILITY. OUR NETWORK OF AFFILIATES ALSO WORKS WITH COMMUNITY PARTNERS TO HELP REFUGEES LAUNCH OR EXPAND

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SMALL BUSINESSES, ACCESS CONTINUING EDUCATION, AND DEVELOP ENGLISH LANGUAGE PROFICIENCY.

IN ADDITION TO ECONOMIC INCLUSION, HIAS' SOCIAL INCLUSION PROGRAMS HELP REFUGEES ACCESS CRITICAL SERVICES AND SUCCESSFULLY INTEGRATE INTO THEIR NEW COMMUNITIES WHILE MAINTAINING THEIR CULTURE AND IDENTITY. HIAS WORKS WITH CLIENTS TO IMPROVE MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING, BUILD SOCIAL SUPPORT NETWORKS, AND ADJUST TO DAILY LIFE IN A NEW COUNTRY AS THEY BEGIN TO HEAL FROM THE TRAUMA OF DISPLACEMENT.

PROGRAM SERVICE ACTIVITY 3

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

HIAS MAINTAINS AN ACTIVE NETWORK OF PRO BONO ATTORNEYS IN ORDER TO OFFER AS MUCH SUPPORT AS POSSIBLE TO ASYLEES SEEKING LEGAL SERVICES. IN 2019, HIAS MATCHED 96 CASES WITH PRO BONO ATTORNEYS IN THE U.S. AND ORGANIZED REGULAR PRO BONO ATTORNEY DELEGATIONS TO TRAVEL TO THE U.S.-MEXICO BORDER TO HELP ASYLUM SEEKERS. GROUPS OF ATTORNEYS WORKED WITH HIAS' PARTNER ORGANIZATIONS IN CALIFORNIA AND TEXAS TO OFFER DIRECT CLIENT SUPPORT. HIAS ESTABLISHED AN EARLY PRESENCE WORKING ON BOTH SIDES OF THE SOUTHERN U.S. BORDER--BECOMING THE FIRST INTERNATIONAL ORGANIZATION TO IMPLEMENT CROSS-BORDER COLLABORATION TO ASSIST CENTRAL AMERICANS AND OTHERS IN MEXICO IN ACCESSING THE U.S. LEGAL SYSTEM TO FILE FOR ASYLUM. AS A RESULT, HIAS BECAME A CRUCIAL ADVISOR AND ROLE MODEL TO OTHER ORGANIZATIONS SEEKING TO SERVE THE GROWING POPULATION OF REFUGEES AND ASYLUM SEEKERS AT THE BORDER. HIAS' EARLY POSITION AS ONE OF THE ONLY INTERNATIONAL ORGANIZATIONS OPERATING ON BOTH SIDES OF THE BORDER

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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PROVIDED A UNIQUE VANTAGE POINT THAT ALLOWED US TO CHANNEL FACTS ON THE GROUND INTO OUR ADVOCACY WORK IN THE POLICY ARENA. HIAS' WRAP AROUND PROGRAM CONNECTS LEGAL CLIENTS AND THEIR FAMILIES WITH THE BROAD SUPPORT THAT THEY NEED AS THEY NAVIGATE LIFE IN A NEW COMMUNITY.

OTHER PROGRAM SERVICES

FORM 990, PART III - PROGRAM SERVICE, LINE 4D

ADVOCACY IS FUNDAMENTAL TO OUR WORK. WE STAND UP FOR THE RIGHTS OF FORCIBLY DISPLACED PEOPLE AND LEAD THE JEWISH MOVEMENT FOR REFUGEES AND ASYLUM SEEKERS. WE EDUCATE, ORGANIZE, AND MOBILIZE AMERICAN JEWS TO PUT THEIR VALUES INTO ACTION AND FIGHT FOR REFUGEES IN THE U.S. AND GLOBALLY. WE WORK WITH GRASSROOTS ADVOCATES, OPINION LEADERS, LEGISLATORS, AND POLICYMAKERS TO PROTECT AND ADVANCE POLICIES THAT PROMOTE FAIR AND HUMANE ASYLUM LAWS, REFUGEE RESETTLEMENT, AND INTEGRATION. WE FUEL THE JEWISH RESPONSE TO THE GLOBAL REFUGEE CRISIS BY EQUIPPING CLERGY, LEADERSHIP, CONGREGATIONS, AND INDIVIDUALS WITH THE TOOLS AND IDEAS TO FIGHT FOR THE RIGHTS OF ASYLUM SEEKERS LOCALLY AND HOLD ELECTED OFFICIALS ACCOUNTABLE. OUR ADVOCACY TEAM WORKS IN WASHINGTON, DC, DIRECTLY ENGAGING WITH CONGRESS AND THE ADMINISTRATION TO EXPAND THE RIGHTS AND PROTECTIONS OF REFUGEES NATIONWIDE.

STATEWIDE COALITIONS AND LOCAL PARTNERSHIPS FUEL HIAS' WORK IN THE COMMUNITY AT THE GRASSROOTS LEVEL ACROSS THE NATION. THROUGHOUT THE COUNTRY, AND WITH THE FOCUSED WORK OF OUR ESTABLISHED REGIONAL OFFICES IN WASHINGTON, D.C., NEW YORK, AND, AS OF 2019, LOS ANGELES, HIAS ENGAGES

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WITH A BROAD RANGE OF ORGANIZATIONS AND LEADERS ACROSS THE COUNTRY TO EDUCATE COMMUNITIES ABOUT THE ISSUES FACING REFUGEES AND ASYLUM SEEKERS AND MOBILIZE SUPPORT TO ADVANCE THEIR RIGHTS. IN 2019, OVER 2,000 PEOPLE PARTICIPATED IN HIAS-LED, IN-PERSON ADVOCACY CAMPAIGNS, AND 24,704 PEOPLE PARTICIPATED IN ONLINE CAMPAIGNS. HIAS HELD 148 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND BRIEFINGS WITH A TOTAL OF 3,432 PARTICIPANTS.

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

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, LINE 4

IN DECEMBER 2019, THE HIAS BOARD APPROVED A FIFTH AMENDED AND RESTATED BY-LAWS. THE REVISED BY-LAWS REFLECT SEVERAL CHANGES APPROVED BY THE BOARD IN THE YEARS SINCE THE FOURTH AMENDED AND RESTATED BY-LAWS WAS ADOPTED IN 2014. THOSE CHANGES INCLUDE THE SIZE OF THE BOARD, DESIGNATION OF STANDING COMMITTEES, REMOVAL PROCEDURES, AND THE LOCATION OF THE CORPORATION. THE AMENDED BY-LAWS WERE FURTHER REVISED WITH THE ASSISTANCE OF EXTERNAL LEGAL COUNSEL TO STREAMLINE, CLARIFY LANGUAGE, AND ENSURE THAT THE BY-LAWS FULLY COMPLY WITH NEW YORK STATE LAW.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON. THE HIAS PRESIDENT AND CEO, COO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 WAS MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS. QUESTIONS RAISED BY THE BOARD WERE DISCUSSED IN DETAIL. A CALL TO REVIEW THE 990 IN DETAIL WITH THE BOARD AND EXTERNAL AUDITORS AND MANAGEMENT WAS SCHEDULED ON SEPTEMBER 10, 2020. FORM 990 WAS FILED WITH THE IRS AFTER THAT.

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.

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

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO ESTABLISHING THE COMPENSATION FOR THE CEO. THE CEO SUBMITS A WRITTEN SELF-EVALUATION TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL DEVELOPMENT OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.

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

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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FOR KEY EMPLOYEES AND OFFICERS, THE COMPENSATION REVIEWS ARE DONE INTERNALLY BY MANAGEMENT TAKING INTO CONSIDERATION THE CURRENT MARKET SITUATION.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO PUBLISHED ON HIAS' WEBSITE. THESE DOCUMENTS ALONG WITH OUR WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT:	\$193,504
CHANGE IN MINIMUM PENSION LIABILITY:	\$517,071

TOTAL:	\$710,575

CONSOLIDATED AUDITED FINANCIAL STATEMENTS

SCHEDULE O, PART XII

UNDER GAAP (U.S. ACCOUNTING STANDARDS), HIAS PREPARES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE THE U.S. HEADQUARTERS, FOREIGN BRANCH OFFICES AND FOREIGN LEGAL SUBSIDIARIES. PURSUANT TO U.S. INCOME TAX REPORTING RULES, HIAS PRESENTS THE INFORMATION ON FORM 990 FOR ONLY

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ITS U.S. HEADQUARTERS AND FOREIGN BRANCH OFFICES. THE ACTIVITIES OF THE FOREIGN SUBSIDIARIES HAVE BEEN REMOVED FROM THE FORM 990 PRESENTATION.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ANN LEWIS STRATEGIES P.O. BOX 3243 OMAHA, NE 68103	MARKETING CONSULTING	278,450.
ARMFIELD, HARRISON & THOMAS 20 S. KING STREET LEESBURG, VA 20175	INSURANCE	264,320.
FLORES & ASSOCIATES, LLC 1218 SOUTH CHURCH STREET CHARLOTTE, NC 28203	STAFF BENEFITS	251,542.
GRANT THORNTON 33570 TREASURY CENTER CHICAGO, IL 60694	AUDIT FIRM	204,898.
MAROTTA INVESTIGATIONS GROUP LLC 969 3RD AVENUE FRANKLIN SQUARE, NY 11010	NY OFFICE SECURITY	194,630.

ATTACHMENT 3

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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ATTACHMENT 3 (CONT'D)

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
RESETT TRANSP & DIRECT ASSIST	4,844,444.	4,844,444.		
COMMUNICATION	1,199,193.	306,025.	102,746.	790,422.
TOTALS	<u>6,043,637.</u>	<u>5,150,469.</u>	<u>102,746.</u>	<u>790,422.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HIAS ECUADOR SEE PART VII , EC 98-1566806	LEGAL AID	EC	8,860,660.	2,285,315.	HIAS
(2) HIAS PANAMA SEE PART VII , PM 98-1567109	LEGAL AID	PM	720,476.	136,380.	HIAS ECUADOR
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HIAS ISRAEL SEE PART VII , IS	LEGAL AID	IS	501(C)(3)	N/A	HIAS	X	
(2) HIAS ARUBA SEE PART VII , AA	LEGAL AID	AA	501(C)(3)	N/A	HIAS	X	
(3) FUNDACION HIAS COLOMBIA SEE PART VII , CO	LEGAL AID	CO	501(C)(3)	N/A	HIAS	X	
(4) HIAS EUROPE SEE PART VII , BE	LEGAL AID	BE	501(C)(3)	N/A	HIAS	X	
(5) HIAS GUYANA INC. SEE PART VII , GY	LEGAL AID	GY	501(C)(3)	N/A	HIAS	X	
(6) HIAS MEXICO A.C. SEE PART VII , MX	LEGAL AID	MX	501(C)(3)	N/A	HIAS	X	
(7) HIAS PERU SEE PART VII , PE	LEGAL AID	PE	501(C)(3)	N/A	HIAS	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HRTK CHAD SEE PART VII , CD	LEGAL AID	CD	501(C)(3)	N/A	HIAS	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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) SEE PART VII OSSINING, NY 10562	CRUT	NY	N/A	TRUST					X
(2) HIAS COASTA RICA SEE PART VII , CS	LEGAL AID	CS	HIAS	C CORP	1,131,082.	195,054.	100.0000	X	
(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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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) FUNDACION HIAS COLOMBIA	B	137,759.	CASH
(2) HIAS ARUBA	B	424,235.	CASH
(3) HIAS ISRAEL	B	930,772.	CASH
(4) HIAS PERU	B	32,273.	CASH
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

RELATED ORGANIZATION ADDRESSES

SCHEDULE R, PARTS II AND IV

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