

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2021 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: HIAS, INC. D Employer identification number: 13-5633307
E Telephone number: (301) 844-7300
G Gross receipts \$: 143,276,371.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.HIAS.ORG
K Form of organization: Corporation
L Year of formation: 1881
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2 Check this box if the organization discontinued its operations...; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer LARA MONINGHOFF, CFO; Date; Preparer: MARY TORRETTA; Preparer's signature; Date; Check if self-employed; PTIN P00847851; Firm's name GRANT THORNTON LLP; Firm's EIN 36-605558; Firm's address 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209; Phone no. (703) 847-7500

May the IRS discuss this return with the preparer shown above? See instructions Yes X No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 43,801,208. including grants of \$ 16,602,331. ) (Revenue \$ 0. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 20,162,461. including grants of \$ 7,642,342. ) (Revenue \$ 595,632. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 5,562,058. including grants of \$ 2,108,232. ) (Revenue \$ 0. ) SEE SCHEDULE O

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

4e Total program service expenses 69,525,727.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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 FRANK BOCCOVI, CONTROLLER - 301-844-7300 1300 SPRING STREET, SUITE 500, SILVER SPRING, MD 20910

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 0.00			X				328,257.	0.	15,524.
(2) FARHAN IRSHAD CHIEF FINANCE & INNOVATION OFFICER	35.00 0.00			X				210,804.	0.	45,338.
(3) MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	35.00 0.00				X			195,394.	0.	37,519.
(4) RAPHAEL MARCUS SENIOR VP, PROGRAMS	35.00 0.00				X			184,778.	0.	33,076.
(5) ELIZABETH SWEET CHIEF OPERATING OFFICER FROM 4/21	35.00 0.00			X				193,679.	0.	19,503.
(6) MULUEMEBET HUNEGNAW VP, STRATEGY & MEASUREMENT	35.00 0.00				X			169,571.	0.	37,582.
(7) MIRIAM FEFFER VP, DEVELOPMENT	35.00 0.00					X		180,761.	0.	25,823.
(8) SABRINA LUSTGARTEN BEJMAN EXECUTIVE VICE PRESIDENT FROM 5/21	35.00 0.00				X			184,889.	0.	21,333.
(9) RACHEL LEVITAN VP, INTERNATIONAL PROGRAMS	35.00 0.00					X		164,656.	0.	33,272.
(10) RUI LOPES CHIEF INFORMATION OFFICER	35.00 0.00					X		153,113.	0.	42,111.
(11) JESSICA REESE VP, INSTITUTIONAL DEV. FROM 5/21	35.00 0.00				X			178,675.	0.	8,874.
(12) EMILY RUSS AUSTRIA COUNTRY DIRECTOR	35.00 0.00					X		112,369.	0.	64,809.
(13) MARK COHEN GENERAL COUNSEL	35.00 0.00					X		159,196.	0.	8,037.
(14) ROBERT D. ARONSON CHAIR	15.00 0.00	X		X				0.	0.	0.
(15) JEFFREY BLATTNER VICE CHAIR	15.00 0.00	X		X				0.	0.	0.
(16) PHILIP E. WOLGIN SECRETARY-TREASURER	3.00 0.00	X		X				0.	0.	0.
(17) ALAN ABRAMSON DIRECTOR TO 6/21	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) JUDITH H. FRIEDMAN DIRECTOR	3.00 0.00	X						0.	0.	0.
(19) JULIE GERSTEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JANE GINNS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MITCHELL GORDON DIRECTOR	3.00 0.00	X						0.	0.	0.
(22) KAREN GREEN DIRECTOR	6.00 0.00	X						0.	0.	0.
(23) STAFFORD FITZGERALD HANEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) ANDREW HEINRICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) GARY HIRSCHBERG DIRECTOR	10.00 0.00	X						0.	0.	0.
(26) ROBYN STEINER LAMONT DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,416,142.	0.	392,801.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,416,142.	0.	392,801.

**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 39

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WELLSPRING CONSULTING LLC 198 AMITY ROAD, WOODBRIDGE, CT 06525	FINANCIAL PLANNING	575,835.
CONTROL RISKS GROUP LLC, 1600 K STREET, NW SUITE 700, WASHINGTON, DC 20006	SECURITY, DEPLOYMENT & TRAINING	345,934.
GRANT THORNTON LLP 33570 TREASURY CENTER, CHICAGO, IL 60694	AUDIT SERVICES	337,871.
NAVISTAR DIRECT MARKETING LLC 4612 NAVISTAR DRIVE, FREDERICK, MD 21730	PRINTING SERVICES	337,695.
ANNE LEWIS STRATEGIES, 650 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20001	MARKETING CONSULTING	217,460.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	40,884,597.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	68,813,615.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			109,698,212.			
Program Service Revenue	<b>2 a</b> MIGRANT LOAN PROCESSING FEES	<b>Business Code</b>	900099	325,216.	325,216.		
	<b>b</b> SERVICE FEE & OTHER REVENUE		900099	272,435.	270,416.	2,019.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			597,651.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,647,171.		-22,802.	2,669,973.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				30,500,275.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	24,532,436.				
<b>c</b> Gain or (loss)	<b>7c</b>	5,967,839.					
<b>d</b> Net gain or (loss)			5,967,839.			5,967,839.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> FOREIGN EXCHANGE GAIN/LOSS	<b>Business Code</b>	900099	-166,938.		-166,938.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-166,938.			
<b>12 Total revenue.</b> See instructions			118,743,935.	595,632.	-20,783.	8,470,874.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,306,044.	9,306,044.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	17,046,861.	17,046,861.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,661,086.	448,316.	1,315,831.	896,939.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	21,760,968.	14,102,408.	5,734,003.	1,924,557.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	667,889.		667,889.	
<b>9</b> Other employee benefits .....	4,742,280.	3,295,505.	653,875.	792,900.
<b>10</b> Payroll taxes .....	2,359,423.	1,270,916.	1,083,480.	5,027.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	876,205.	20,092.	834,280.	21,833.
<b>c</b> Accounting .....	287,590.	1,040.	286,550.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	470,085.		470,085.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,202,596.	1,323,575.	1,727,888.	151,133.
<b>12</b> Advertising and promotion .....	54,525.	30,538.	22,223.	1,764.
<b>13</b> Office expenses .....	3,666,771.	848,510.	2,284,554.	533,707.
<b>14</b> Information technology .....	2,601,930.	1,289,618.	1,161,406.	150,906.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,403,093.	1,673,846.	1,729,247.	
<b>17</b> Travel .....	671,827.	497,114.	167,333.	7,380.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	80,032.	78,798.	1,234.	
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> RESETTLEMENT ASSISTANCE	10,757,955.	10,757,955.		
<b>b</b> PROJECT SUPPORT	1,068,722.	11,620.	955,655.	101,447.
<b>c</b> PROGRAM SUPPLIES	380,455.	380,455.		
<b>d</b> MEMBERSHIP & SUBS	296,068.	152,906.	133,414.	9,748.
<b>e</b> All other expenses		6,989,610.	-6,989,610.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	86,362,405.	69,525,727.	12,239,337.	4,597,341.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	6,193,350.	<b>2</b>	4,957,155.
	<b>3</b> Pledges and grants receivable, net .....	7,166,552.	<b>3</b>	14,626,985.
	<b>4</b> Accounts receivable, net .....	392,826.	<b>4</b>	133,403.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	672,570.	<b>9</b>	766,700.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,246,776.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,040,432.	2,144,544.	<b>10c</b> 2,206,344.
	<b>11</b> Investments - publicly traded securities .....	48,315,373.	<b>11</b>	70,745,200.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,320,003.	<b>12</b>	17,994,554.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,568,419.	<b>15</b>	4,183,502.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	86,773,637.	<b>16</b>	115,613,843.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,807,846.	<b>17</b>	5,264,801.
	<b>18</b> Grants payable .....	106,960.	<b>18</b>	
	<b>19</b> Deferred revenue .....	2,929,317.	<b>19</b>	6,635,856.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,640,416.	<b>25</b>	15,470,127.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,484,539.	<b>26</b>	27,370,784.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	48,156,647.	<b>27</b>	76,416,669.
	<b>28</b> Net assets with donor restrictions .....	7,132,451.	<b>28</b>	11,826,390.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	55,289,098.	<b>32</b>	88,243,059.
<b>33</b> Total liabilities and net assets/fund balances .....	86,773,637.	<b>33</b>	115,613,843.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	118,743,935.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	86,362,405.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	32,381,530.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	55,289,098.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-279,639.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	852,070.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	88,243,059.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> HIAS, INC.	<b>Employer identification number</b> 13-5633307
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**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).)
- 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 on 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		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	40,687,086.	46,527,210.	52,305,704.	62,631,210.	109,698,212.	311,849,422.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	40,687,086.	46,527,210.	52,305,704.	62,631,210.	109,698,212.	311,849,422.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						311,849,422.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	40,687,086.	46,527,210.	52,305,704.	62,631,210.	109,698,212.	311,849,422.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	746,697.	873,038.	905,641.	2,431,434.	2,647,171.	7,603,981.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			334,557.	-14,215.	-166,938.	153,404.
<b>11 Total support.</b> Add lines 7 through 10						319,606,807.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,547,785.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.57 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	97.57 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FX GAIN/LOSS

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 334,557.

2020 AMOUNT: \$ -14,215.

2021 AMOUNT: \$ -166,938.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	<hr/> <hr/> <hr/>	\$ 3,921,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 36,935,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 21,554,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">HIAS, INC.</p>	Employer identification number <p style="text-align: center;">13-5633307</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		3,993.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		3,993.													
<b>d</b> Other exempt purpose expenditures		69,521,734.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		69,525,727.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	5,375.	3,187.	7,963.	3,993.	20,518.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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.

SCHEDULE C, PART II-A, LINE 1B:

LOBBYING EXPENDITURES

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 2021, HIAS ADVOCATED FOR INCREASED REFUGEE

**Part IV** Supplemental Information (continued)

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. HIAS ENGAGES JEWISH  
COMMUNITIES IN A VARIETY OF PROGRAMS SUPPORTING REFUGEES, INCLUDING DIRECT  
SPONSORSHIP, ADVOCACY, AND EDUCATION. HIAS WORKS WITH 800 CONGREGATIONS,  
3,000 JEWISH CLERGY, 10 REGIONAL ADVOCACY COALITIONS, AND TENS OF  
THOUSANDS OF ONLINE SUPPORTERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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	51,927,586.	48,157,515.	40,061,053.	44,932,975.	41,902,997.
b Contributions	5,593,763.	3,399,128.	1,703,471.	831,778.	3,326,958.
c Net investment earnings, gains, and losses	7,734,564.	4,422,959.	8,254,540.	-2,734,694.	6,554,208.
d Grants or scholarships					169,389.
e Other expenditures for facilities and programs	2,159,497.	4,052,016.	1,861,549.	2,969,006.	6,389,406.
f Administrative expenses					292,393.
g End of year balance	63,096,416.	51,927,586.	48,157,515.	40,061,053.	44,932,975.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  89.3730 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  10.6270 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		2,205,197.	664,629.	1,540,568.
d Equipment		248,734.	185,194.	63,540.
e Other		792,845.	190,609.	602,236.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,206,344.



**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	2,268,681.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	15,725,873.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,994,554.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT DEPOSITS	4,383,641.
(3) PENSION OBLIGATIONS	5,392,367.
(4) ANNUITY OBLIGATIONS	1,882,760.
(5) SEVERANCE OBLIGATIONS	2,590,115.
(6) DEFERRED RENT	1,221,244.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,470,127.

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.

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

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

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

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

**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.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

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.

PART X, LINE 2:

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

**Part XIII** Supplemental Information (continued)

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)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  HIAS, INC.	Employer identification number  13-5633307
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**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
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	5	339	PROGRAM SERVICES	REFUGEE ASSISTANCE	6,928,919.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	2	37	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,314,835.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	19	PROGRAM SERVICES	REFUGEE ASSISTANCE	1,110,920.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	4	543	PROGRAM SERVICES	REFUGEE ASSISTANCE	3,282,060.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	2	342	PROGRAM SERVICES	REFUGEE ASSISTANCE	4,041,473.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	125	PROGRAM SERVICES	REFUGEE ASSISTANCE	1,085,371.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTMAKING		6,057,226.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		1,109,827.
<b>3 a Subtotal</b> .....	15	1405			25,930,631.
<b>b Total from continuation sheets to Part I</b> .....	0	0			9,879,808.
<b>c Totals</b> (add lines 3a and 3b) .....	15	1405			35,810,439.

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

Schedule F (Form 990) 2021

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		4,189,007.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		3,335,966.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		2,354,835.
<b>Totals</b> .....					9,879,808.

**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)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	3,158,551.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SUB-AWARD	2,354,835.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	1,986,782.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUB-AWARD	1,835,724.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	1,672,563.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUB-AWARD	1,500,242.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	SUB-AWARD	1,109,827.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	1,002,402.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 13

3 Enter total number of other organizations or entities ..... 13

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SUB-AWARD	961,082.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	SUB-AWARD	763,811.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	631,668.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	57,639.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	SUB-AWARD	9,000.	CHECK	0.		

**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)



**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.

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

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 I, LINE 3:

ACCOUNTING METHOD USED

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

ACCOUNTING.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
US TOGETHER, INC. SEE PART IV COLUMBUS, OH 99999	85-2395108	501(C)(3)	1,238,567.	0.			REFUGEE RECEPTION & PLACEMENT
CAROLINA REFUGEE RESETTLEMENT AGENCY - SEE PART IV - CHARLOTTE, NC 99999	30-0577219	501(C)(3)	916,174.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF SAN DIEGO SEE PART IV SAN DIEGO, CA 99999	95-1644024	501(C)(3)	827,307.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF SEATTLE SEE PART IV SEATTLE, WA 99999	91-0565537	501(C)(3)	774,451.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICES ANN ARBOR SEE PART IV ANN ARBOR, MI 99999	41-2147486	501(C)(3)	756,952.	0.			REFUGEE RECEPTION & PLACEMENT
HIAS & COUNCIL MIGRATION SERVICE OF PHILADELPHIA - SEE PART IV - PHILADELPHIA, PA 99999	21-1405597	501(C)(3)	713,475.	0.			REFUGEE RECEPTION & PLACEMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN SERVICES OF THE EAST BAY - SEE PART IV - CONCORD, CA 99999	94-3250304	501(C)(3)	667,935.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY & CHILDREN'S SERVICE PITTSBURG - SEE PART IV - PITTSBURG, PA 99999	25-0965407	501(C)(3)	613,332.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - SEE PART IV - BUFFALO, NY 99999	16-0760888	501(C)(3)	612,769.	0.			REFUGEE RECEPTION & PLACEMENT
NORWEIGAN REFUGEE COUNCIL -NRC SEE PART IV WASHINGTON, DC 99999	47-5342860	501(C)(3)	427,424.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - SEE PART IV - SPRINGFIELD, MA 99999	04-2104352	501(C)(3)	395,215.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICES OF SILICON VALLEY - SEE PART IV - LOS GATOS, CA 99999	94-2536452	501(C)(3)	336,642.	0.			REFUGEE RECEPTION & PLACEMENT
MADISON JFS SEE PART IV MADISON, WI 99999	39-1300430	501(C)(3)	218,992.	0.			REFUGEE RECEPTION & PLACEMENT
ASYLUM SEEKER ASSISTANCE PROJECT SEE PART IV WASHINGTON, DC 99999	81-3205931	501(C)(3)	194,998.	0.			REFUGEE RECEPTION & PLACEMENT
WILMINGTON JFS SEE PART IV WILMINGTON, DE 99999	51-0097026	501(C)(3)	176,861.	0.			REFUGEE RECEPTION & PLACEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS AMERICAS IMMIGRANT ADVOCACY CENTER - SEE PART IV - EL PASO, TX 99999	74-2472774	501(C)(3)	119,871.	0.			REFUGEE RECEPTION & PLACEMENT
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUC - SEE PART IV - WASHINGTON, DC 99999	36-6110299	501(C)(3)	88,882.	0.			REFUGEE RECEPTION & PLACEMENT
COLUMBIA UNIVERSITY SEE PART IV NEW YORK, NY 99999	13-5598093	501(C)(3)	73,256.	0.			REFUGEE RECEPTION & PLACEMENT
DIOCESAN MIGRANT AND REFUGEE SERVICES, INC. - SEE PART IV - EL PASO, TX 99999	74-2723627	501(C)(3)	55,440.	0.			REFUGEE RECEPTION & PLACEMENT
FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT - SEE PART IV - TUCSON, AZ 99999	86-0658103	501(C)(3)	40,000.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA - MIAMI - SEE PART IV - MIAMI, FL 99999	59-0637867	501(C)(3)	20,000.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH CHILD & FAMILY, CHICAGO - SKOKIE - SEE PART IV - SKOKIE, IL 99999	36-2167757	501(C)(3)	15,000.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY AND CHILDRENS SERVICES OF SOUTHERN ARIZONA - TUCSON - SEE PART IV - TUCSON, AZ 99999	86-0623896	501(C)(3)	15,000.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICES OF GREENWICH - SEE PART IV - GREENWICH, CT 99999	06-1073590	501(C)(3)	7,500.	0.			REFUGEE RECEPTION & PLACEMENT

Schedule I (Form 990)

**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 noncash assistance

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

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES

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

**Part IV Supplemental Information**

APPLICABLE TO THE SOURCE'S INTENTION.

SCHEDULE I, PART II:

DOMESTIC ORGANIZATION AND GOVERNMENT ADDRESSES

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 THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY

OFFICES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

Schedule J (Form 990) 2021



**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 and/or 1099-NEC 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)	327,057.	1,200.	0.	14,500.	1,024.	343,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FARHAN IRSHAD CHIEF FINANCE & INNOVATION OFFICER	(i)	210,804.	0.	0.	11,149.	34,189.	256,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELANIE NEZER SENIOR VP, PUBLIC AFFAIRS	(i)	195,394.	0.	0.	9,971.	27,548.	232,913.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAPHAEL MARCUS SENIOR VP, PROGRAMS	(i)	184,778.	0.	0.	9,549.	23,527.	217,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH SWEET CHIEF OPERATING OFFICER FROM 4/21	(i)	193,679.	0.	0.	9,845.	9,658.	213,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MULUEMEBET HUNEGNAW VP, STRATEGY & MEASUREMENT	(i)	169,571.	0.	0.	8,698.	28,884.	207,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MIRIAM FEFFER VP, DEVELOPMENT	(i)	180,761.	0.	0.	9,187.	16,636.	206,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SABRINA LUSTGARTEN BEJMAN EXECUTIVE VICE PRESIDENT FROM 5/21	(i)	136,198.	0.	48,691.	11,208.	10,125.	206,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RACHEL LEVITAN VP, INTERNATIONAL PROGRAMS	(i)	164,656.	0.	0.	8,625.	24,647.	197,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RUI LOPES CHIEF INFORMATION OFFICER	(i)	153,113.	0.	0.	8,049.	34,062.	195,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JESSICA REESE VP, INSTITUTIONAL DEV. FROM 5/21	(i)	177,475.	1,200.	0.	8,874.	0.	187,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EMILY RUSS AUSTRIA COUNTRY DIRECTOR	(i)	112,369.	0.	0.	0.	64,809.	177,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARK COHEN GENERAL COUNSEL	(i)	157,996.	1,200.	0.	8,037.	0.	167,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

PART I, LINE 1A:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

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'

NONTAXABLE BENEFITS. THIS WAS IN LINE WITH EUROPEAN UNION TAXATION AND

COMPLIANCE REQUIREMENTS.

PART I, LINE 7:

IN CALENDAR YEAR 2021, HIAS PROVIDED BONUSES TO VARIOUS INDIVIDUALS

REPORTED ON THE FORM 990 UPON MEETING CERTAIN OBJECTIVE PERFORMANCE-BASED

CRITERIA AS OUTLINED IN THE ORGANIZATION'S COMPENSATION POLICY.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DRAWING ON OUR JEWISH VALUES AND HISTORY, HIAS PROVIDES VITAL SERVICES  
TO REFUGEES AND ASYLUM SEEKERS AROUND THE WORLD AND ADVOCATES FOR THEIR  
FUNDAMENTAL RIGHTS SO THEY CAN REBUILD THEIR LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

THERE HAVE NEVER BEEN MORE PEOPLE SEEKING SAFETY AND SO FEW PLACES

WILLING TO PROTECT AND WELCOME THEM. OVER 100 MILLION PEOPLE ARE

FORCIBLY DISPLACED IN THE WORLD TODAY. FOR OVER 100 YEARS, HIAS HAS

BEEN THERE FOR REFUGEES WHEN AND WHERE THEY NEED HELP MOST. WE ARE A

JEWISH HUMANITARIAN ORGANIZATION THAT WORKS IN THE UNITED STATES AND 14

OTHER COUNTRIES, PROVIDING VITAL SERVICES TO REFUGEES AND VULNERABLE

MIGRANTS 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACTIVITY 1

THE NUMBER OF FORCIBLY DISPLACED PEOPLE CONTINUES TO RISE AROUND THE

WORLD. BY THE END OF 2021 THERE WERE OVER 100 MILLION FORCIBLY

DISPLACED PEOPLE WORLDWIDE. AT THE SAME TIME, NATIONAL GOVERNMENTS ARE

RESPONDING TO MOST CRISES BY REDUCING RESETTLEMENT AND REFUGEE

PROTECTION. IN THE COUNTRIES WHERE PROTECTIONS DO EXIST, ASYLUM SEEKERS

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

Schedule O (Form 990) 2021

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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OFTEN MUST NAVIGATE COMPLEX BUREAUCRATIC AND LEGAL SYSTEMS ALONE TO  
 SECURE BASIC RIGHTS. AS A RESULT OF THEIR EXPERIENCES-FROM UPROOTING  
 THEIR LIVES TO SURVIVING OR WITNESSING VIOLENCE-MANY REFUGEES NEED  
 URGENT SERVICES AS WELL AS LONG-TERM SUPPORT, LIKE PREVENTION OF GENDER  
 BASED VIOLENCE AND HELP FOR SURVIVORS, ECONOMIC INTEGRATION ASSISTANCE,  
 LEGAL AID, AND PSYCHOSOCIAL CARE, IN ORDER TO GAIN GREATER STABILITY  
 AND REBUILD THEIR LIVES.

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 14 OTHER COUNTRIES  
 AND ADVOCATE FOR THE RIGHTS OF ASYLUM SEEKERS AND FORCIBLY DISPLACED  
 PEOPLE.

COMMUNITIES KNOW WHAT THEY NEED TO IMPROVE THE WELL-BEING OF THEIR  
 MEMBERS. WE LISTEN CLOSELY AND PROMOTE "LOCALIZATION" TO BUILD ON  
 COMMUNITIES' EXISTING STRENGTHS AND RESOURCES SO THAT PROGRAMS ARE  
 SUSTAINABLE AND EFFECTIVE.

LEGAL STATUS IS CRITICAL FOR REFUGEES. WITHOUT LEGAL STATUS, REFUGEES

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ARE FORCED TO LIVE ON THE MARGINS OF SOCIETY, LACKING HEALTHCARE,  
EDUCATION, DIGNIFIED WORK, OR SAFE SHELTER - SOMETIMES FOR GENERATIONS.

HIAS'S LEGAL PROTECTION PROGRAMS ARE DEDICATED TO ENSURING THAT  
REFUGEES, WHETHER IN CAMPS OR URBAN SETTINGS, KNOW THEIR RIGHTS AND ARE  
ABLE TO NAVIGATE THE OFTEN-COMPLICATED LEGAL SYSTEMS THAT LEAD TO  
PERMANENT STATUS AND SECURITY. WE ARE PARTICULARLY FOCUSED ON HELPING  
THE MOST VULNERABLE PEOPLE - INCLUDING CHILDREN, SURVIVORS OF TORTURE  
OR SEXUAL AND GENDER-BASED VIOLENCE, REFUGEES WITH DISABILITIES, AND  
LGBTQ REFUGEES - SECURE INTENSIVE LEGAL AID.

IN ISRAEL, FOR EXAMPLE, HIAS HAS BUILT THE CAPACITY OF MORE THAN 200  
ATTORNEYS TO ASSIST OVER 1,300 CLIENTS BETWEEN 2019 AND 2021,  
INCREASING THE PRO BONO ASSISTANCE AVAILABLE TO ASYLUM SEEKERS IN  
ISRAEL BY MORE THAN 600%. HIAS ISRAEL ALSO SERVED OVER 2,000 ASYLUM  
SEEKERS IN THOSE YEARS THROUGH LEGAL COUNSELING, INFORMATION SESSIONS  
AND PARALEGAL SUPPORT. HIAS MAINTAINS A SUCCESS RATE OF OVER 90% IN  
LEGAL CASES, SECURED RESIDENCY PERMITS FOR AT LEAST 90 INDIVIDUALS OVER  
THE LAST THREE YEARS, AND SUCCESSFULLY INITIATED STRATEGIC LITIGATION  
THAT CHALLENGED POLICY AND HAD A BROADER IMPACT ON THE REFUGEE  
COMMUNITY IN ISRAEL.

HIAS'S GENDER-BASED VIOLENCE (GBV) PREVENTION AND RESPONSE PROGRAMS  
HELP FORCIBLY DISPLACED WOMEN, GIRLS, AND LGBTQ PEOPLE ACCESS HUMAN  
RIGHTS, FREE FROM VIOLENCE AND OPPRESSION, AND PURSUE THEIR POTENTIAL.  
OUR PROGRAMS ARE DRIVEN BY THE NEEDS OF SURVIVORS AND SHAPED BY THEIR  
VOICES AND PERSPECTIVES. WE PRIORITIZE THEIR LEADERSHIP IN PROGRAM  
DESIGN AND IMPLEMENTATION. WE PREVENT GENDER-BASED VIOLENCE BY REDUCING  
RISK; HELPING SURVIVORS, WOMEN, GIRLS, AND LGBTQ+ PEOPLE FIND

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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HEALTHCARE AND SAFETY; AND CHANGING BELIEFS THAT PERPETUATE VIOLENCE.

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 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.

IN KENYA, FOR EXAMPLE, WE WORK ON BUILDING STRONG, RESPONSIVE PATHWAYS FOR SURVIVORS TO ACCESS MEDICAL, MENTAL HEALTH, AND LEGAL SERVICES. WE FOCUS ON DEVELOPING PREVENTION MODELS THAT SEEK TO TRANSFORM MEN AND BOYS TO BE ALLIES. IN 2021, HIAS PROVIDED AN ARRAY OF INTERVENTIONS INCLUDING FINANCIAL ASSISTANCE, PSYCHOSOCIAL COUNSELING, AND ACCESS TO COMPREHENSIVE HEALTHCARE TO ENHANCE THE QUALITY OF CARE FOR SURVIVORS OF GBV. IN ECUADOR, HIAS WORKS WITH A LOCAL PARTNER TO HELP MORE THAN 1,500 COLOMBIAN, VENEZUELAN, AND ECUADORIAN WOMEN DEVELOP THEIR BUSINESS IDEAS, GAIN ACCESS TO TECHNICAL AND VOCATIONAL TRAINING, AND RECEIVE SEED CAPITAL TO START THEIR OWN BUSINESSES. THE REFUGEE WOMEN LEARN TOGETHER WITH THEIR ECUADORIAN COUNTERPARTS FROM HOST COMMUNITIES ON THE NORTHERN BORDER OF ECUADOR.

OUR COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMS

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HELP INDIVIDUALS AND FAMILIES RECOVER FROM THE STRESS OF DISPLACEMENT

AND DEVELOP HEALTHY COPING MECHANISMS. WE TRAIN KEY COMMUNITY MEMBERS

TO RECOGNIZE HOW PEOPLE OF ALL AGES 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 IN EMERGENCY SITUATIONS AND TO THOSE LIVING

IN EXTREME POVERTY AND OFFER EDUCATION AND COACHING ON ESTABLISHING

HEALTHY FINANCIAL HABITS, LIKE THE IMPORTANCE OF SAVING AND HOW TO

NAVIGATE BANKING INSTITUTIONS. WE PARTNER WITH PRIVATE SECTOR EMPLOYERS

TO OFFER VOCATIONAL TRAINING AND PROFESSIONAL SKILLS - BUILDING

OPPORTUNITIES FOR REFUGEES. WE ALSO STRENGTHEN THE CAPACITY OF THESE

COMPANIES TO RECRUIT AND RETAIN REFUGEES AS EMPLOYEES.

WE SUPPORT ENTREPRENEURSHIP BY DELIVERING SEED CAPITAL AND MENTORING

REFUGEES WHO ARE STARTING BUSINESSES IN THEIR HOST COUNTRIES.

EXAMPLES OF HIAS' IMPACT IN 2021:

- HIAS REACHED OVER 1,200,000 FORCIBLY DISPLACED PEOPLE WORLDWIDE,

INCLUDING THE PROVISION OF DIRECT SERVICES TO OVER 850,000 INDIVIDUALS.

- HIAS' MENTAL HEALTH AND PSYCHOSOCIAL SERVICES (MHPSS) REACHED OVER

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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137,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.

- HIAS' GENDER-BASED VIOLENCE PREVENTION AND RESPONSE PROGRAMS REACHED

OVER 159,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.

- HIAS REACHED OVER 270,000 PEOPLE DIRECTLY AND INDIRECTLY WITH LEGAL

ASSISTANCE SERVICES GLOBALLY.

- IN 2021, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO MEET THE BASIC

NEEDS OF FORCIBLY DISPLACED PEOPLE AMID THE PANDEMIC, REACHING OVER

200,000 PEOPLE GLOBALLY.

- IN 2021, HIAS PROVIDED RESETTLEMENT SUPPORT TO 12,482 PEOPLE

GLOBALLY, INCLUDING RESETTLING 2,319 REFUGEES IN THE UNITED STATES.

- IN THE UNITED STATES, HIAS ASSISTED OVER 8,700 PEOPLE WITH ECONOMIC

AND SOCIAL INTEGRATION AND LEGAL PROTECTION PROGRAMS.

- IN KENYA, HIAS SERVED OVER 3,400 PEOPLE DIRECTLY WITH COMMUNITY-BASED

APPROACHES TO BOTH INDIVIDUAL AND GROUP MHPSS SUPPORT.

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

NEEDS OF OVER 360,000 PEOPLE DISPLACED FROM SUDAN AND OTHER CONFLICT

AREAS.

- IN VENEZUELA, HIAS MET THE WATER, SANITATION, AND HYGIENE NEEDS OF

OVER 61,000 DISPLACED PEOPLE.

- IN MEXICO, HIAS SERVED OVER 62,000 PEOPLE THROUGH LEGAL ASSISTANCE

ACTIVITIES; SUPPORTED OVER 8,000 WITH MENTAL HEALTH AND PSYCHOSOCIAL

SERVICES; AND PROVIDED OVER 3,000 WITH SERVICES TO PREVENT GENDER-BASED

VIOLENCE (GBV) AND MITIGATE ITS IMPACT.

- IN CHAD, HIAS STAFF CONDUCTED GBV AWARENESS AND SENSITIZATION

ACTIVITIES REACHING OVER 68,000 PEOPLE IN DISPLACED COMMUNITIES.

- IN ECUADOR, HIAS SUPPORTED OVER 167,000 INDIVIDUALS THROUGH ITS

COMMUNITY-BASED PROTECTION PROGRAMS. HIAS' ECONOMIC INCLUSION PROGRAMS

REACHED OVER 67,000 PEOPLE DIRECTLY AND INDIRECTLY THROUGH ITS FLAGSHIP



Name of the organization HIAS, INC.	Employer identification number 13-5633307
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GRADUATION MODEL APPROACH. OVER 100,000 INDIVIDUALS WERE REACHED

THROUGH CASH AND VOUCHER ASSISTANCE TO MEET THEIR BASIC NEEDS.

- HIAS IS ONE OF THE LEADING LEGAL AID PROVIDERS IN GREECE, WHERE WE

SERVED NEARLY 1,200 PEOPLE IN LEGAL PROTECTION ACTIVITIES AND REACHED

AN ADDITIONAL 9,000 THROUGH ADVOCACY AND OUTREACH CAMPAIGNS.

- HIAS IS ALSO ONE OF THE LEADING LEGAL AID PROVIDERS FOR DISPLACED

PEOPLE IN ISRAEL, WHERE WE SERVED OVER 1,400 DISPLACED PEOPLE DIRECTLY

THROUGH LEGAL ASSISTANCE AND REPRESENTATION.

- IN COSTA RICA, HIAS SERVED OVER 16,000 PEOPLE THROUGH LEGAL

ASSISTANCE ACTIVITIES, AND SUPPORTED NEARLY 1,000 PEOPLE WITH SERVICES

TO PREVENT GENDER-BASED VIOLENCE (GBV) AND MITIGATE ITS IMPACT.

- IN PERU, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO OVER 84,000

PEOPLE TO MEET THEIR BASIC NEEDS. IN ADDITION, OVER 17,500 PEOPLE WERE

REACHED THROUGH HIAS' ECONOMIC INCLUSION PROGRAMS.

- IN PANAMA, OVER 14,000 PEOPLE WERE REACHED WITH VARIOUS PROTECTION

PROGRAMS, INCLUDING OVER 3,500 PEOPLE BEING ASSISTED WITH CASH AND

VOUCHER PROGRAMS.

- IN COLOMBIA, HIAS SERVED OVER 6,500 PEOPLE WITH VARIOUS PROTECTION

PROGRAMS, INCLUDING SHELTER, FOOD, PREVENTION OF GENDER-BASED VIOLENCE,

AND MENTAL HEALTH AND PSYCHOSOCIAL SERVICES.

- IN ARUBA, HIAS ASSISTED OVER 4,000 PEOPLE WITH VARIOUS PROTECTION

PROGRAMS, INCLUDING OVER 2,000 PEOPLE IN CASH AND VOUCHER ASSISTANCE.

- HIAS' PROGRAMS REACHED NEARLY 6,000 PEOPLE IN GUYANA, INCLUDING 1,700

PEOPLE WITH GENDER-BASED VIOLENCE PREVENTION SERVICES.

THROUGH OUR PARTNERSHIPS WITH 21 LOCAL REFUGEE AGENCIES ACROSS THE

U.S., HIAS RESETTLED OVER 3,700 AFGHANS IN 26 CITIES ACROSS THE UNITED

STATES - AND MOBILIZED JEWISH COMMUNITIES NATIONWIDE TO TAKE ACTION IN

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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SUPPORT OF AFGHAN REFUGEES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACTIVITY 2

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 MORE THAN 27 MILLION

REFUGEES WORLDWIDE, THE NUMBER OF REFUGEES ALLOWED TO RESETTLE IN THE

U.S. WAS CAPPED AT 62,5000 IN 2021, ALTHOUGH THE ACTUAL NUMBER

RESETTLED WAS ONLY 11,411. 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 21 AFFILIATES, HIAS PROVIDED CLIENTS WITH NEW

PROGRAMMING AND RESOURCES TO SUPPORT THEIR FULL ECONOMIC AND SOCIAL

INCLUSION IN THE UNITED STATES.

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

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PARTNERS TO HELP REFUGEES LAUNCH OR EXPAND SMALL BUSINESSES, ACCESS CONTINUING EDUCATION, AND DEVELOP ENGLISH LANGUAGE PROFICIENCY.

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACTIVITY 3

HIAS MAINTAINS AN ACTIVE NETWORK OF PRO BONO ATTORNEYS IN ORDER TO OFFER AS MUCH SUPPORT AS POSSIBLE TO REFUGEES, ASYLUM SEEKERS, AND OTHER FORCIBLY DISPLACED PERSONS SEEKING LEGAL SERVICES. IN 2021, HIAS MATCHED 58 NEW CASES WITH PRO BONO ATTORNEYS AND MAINTAINED A CASELOAD OF 230 CASES ASSIGNED TO PRO BONO ATTORNEYS. HIAS SERVED AN ADDITIONAL 155 CLIENTS VIA REMOTE CLINICS STAFFED BY PRO BONO ATTORNEYS AND LAW STUDENTS. 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 IS A CRUCIAL ADVISOR TO OTHER ORGANIZATIONS SEEKING TO SERVE THE GROWING POPULATION OF REFUGEES AND ASYLUM SEEKERS AT THE BORDER. HIAS' EARLY POSITION AS ONE OF THE ONLY INTERNATIONAL ORGANIZATIONS OPERATING ON BOTH SIDES OF THE BORDER PROVIDED A UNIQUE VANTAGE POINT THAT ALLOWED US TO CHANNEL FACTS ON THE GROUND INTO OUR ADVOCACY WORK IN THE POLICY ARENA. HIAS' WRAP AROUND

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PROGRAM CONNECTS LEGAL CLIENTS AND THEIR FAMILIES WITH THE BROAD SUPPORT THAT THEY NEED AS THEY NAVIGATE LIFE IN A NEW COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

ADVOCACY IS FUNDAMENTAL TO OUR WORK. WE ADVOCATE 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 ADVOCATE 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 POLICIES. 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 OUTREACH PROGRAMS IN THE WASHINGTON, D.C. AREA, NEW YORK, AND LOS ANGELES, HIAS ENGAGES WITH A BROAD RANGE OF ORGANIZATIONS AND LEADERS ACROSS THE COUNTRY TO EDUCATE COMMUNITIES ABOUT THE ISSUES FACING REFUGEES AND ASYLUM SEEKERS AND MOBILIZE SUPPORT TO ADVANCE THEIR RIGHTS.

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IN 2021, HIAS LED OR WAS PART OF 167 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND BRIEFINGS, WITH PARTICIPATION FROM 5,000 HOUSEHOLDS. HIAS DEVELOPED THREE MAJOR GRASSROOTS ADVOCACY CAMPAIGNS AND DOZENS OF ONLINE ACTIONS AND PETITIONS, ENGAGING TENS OF THOUSANDS.

IN 2021, HIAS LAUNCHED OUR FLAGSHIP COMMUNITY ENGAGEMENT PROGRAM, HIAS WELCOME CIRCLES, SUPPORTING CONGREGATIONS IN SPONSORING REFUGEE FAMILIES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ARUBA, AUSTRIA, CHAD, COLOMBIA,  
 COSTA RICA, ECUADOR, FRANCE, GEORGIA,  
 GREECE, GUYANA, ISRAEL, KENYA,  
 MEXICO, PANAMA, PERU, RUSSIA,  
 UGANDA, UKRAINE, VENEZUELA

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

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON. THE HIAS PRESIDENT AND CEO, CFO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS. 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 19, 2022. FORM 990 WAS FILED WITH THE IRS AFTER THAT.

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

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS SUBMIT

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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.

FORM 990, PART VI, SECTION B, LINE 15:

HIAS COMPENSATION POLICY

HIAS HAS ADOPTED AN ANNUAL CEO PERFORMANCE EVALUATION POLICY AND PROCESS

WHICH IS FUNDAMENTAL TO THE BOARD OF DIRECTORS' OVERSIGHT OF THE CEO AND

THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO

ESTABLISHING THE COMPENSATION FOR THE CEO. THE CEO SUBMITS A WRITTEN

SELF-EVALUATION TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS

REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL

DEVELOPMENT OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE

COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF

DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES

PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO

THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE

PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE

GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.

HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE

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AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET

BASED COMPENSATION PRACTICES AND THE ORGANIZATIONS' FINANCIAL RESOURCES.

THE GOVERNANCE 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 GOVERNANCE COMMITTEE AND THE MARKET ANALYSIS. THE

MINUTES OF THE BOARD DOCUMENT THE BOARD'S DECISION AND ITS BASIS FOR THE

REASONABLENESS OF THE COMPENSATION.

FOR KEY EMPLOYEES AND OFFICERS, THE COMPENSATION REVIEWS ARE DONE

INTERNALLY BY MANAGEMENT TAKING INTO CONSIDERATION THE CURRENT MARKET

SITUATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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.

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

ACTUARIAL GAIN/(LOSS) ON SPLIT-INTEREST AGREEMENT	281,615.
CHANGE IN MINIMUM PENSION LIABILITY	1,835,332.
INTERCOMPANY TRANSACTIONS	-369,145.
DECONSOLIDATION OF SUBSIDIARY	-895,732.
TOTAL TO FORM 990, PART XI, LINE 9	852,070.

FORM 990, PART XII:

CONSOLIDATED AUDITED FINANCIAL STATEMENTS

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



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HIAS ECUADOR - 98-1566806 SEE PART VII ECUADOR	REFUGEE ASSISTANCE AND PROTECTION	ECUADOR	13,986,221.	3,632,375.	HIAS
HIAS PANAMA - 98-1567109 SEE PART VII PANAMA	REFUGEE ASSISTANCE AND PROTECTION	PANAMA	1,023,422.	304,502.	HIAS ECUADOR

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

(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
HIAS ISRAEL SEE PART VII ISRAEL	REFUGEE ASSISTANCE AND PROTECTION	ISRAEL	501(C)(3)	N/A	HIAS	X	
HIAS ARUBA SEE PART VII ARUBA	REFUGEE ASSISTANCE AND PROTECTION	ARUBA	501(C)(3)	N/A	HIAS	X	
FUNDATION HIAS COLOMBIA SEE PART VII COLOMBIA	REFUGEE ASSISTANCE AND PROTECTION	COLOMBIA	501(C)(3)	N/A	HIAS	X	
HIAS EUROPE TO 2/2021 SEE PART VII BELGIUM	REFUGEE ASSISTANCE AND PROTECTION	BELGIUM	501(C)(3)	N/A	HIAS	X	

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

Schedule R (Form 990) 2021

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HIAS GUYANA INC. SEE PART VII GUYANA	REFUGEE ASSISTANCE AND PROTECTION	GUYANA	501(C)(3)	N/A	HIAS	X	
HIAS MEXICO A.C. SEE PART VII MEXICO	REFUGEE ASSISTANCE AND PROTECTION	MEXICO	501(C)(3)	N/A	HIAS	X	
HIAS PERU SEE PART VII PERU	REFUGEE ASSISTANCE AND PROTECTION	PERU	501(C)(3)	N/A	HIAS	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUST (1) SEE PART VII OSSINING, NY 10562	CRUT	NY	N/A	TRUST					X
HIAS COSTA RICA SEE PART VII COSTA RICA	REFUGEE ASSISTANCE AND PROTECTION	COSTA RICA	HIAS	C CORP	772,173.	168,899.	100%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FUNDATION HIAS COLOMBIA	B	631,668.	CASH
(2) HIAS ARUBA	B	1,672,563.	CASH
(3) HIAS COSTA RICA	B	763,811.	CASH
(4) HIAS EUROPE	B	2,354,835.	CASH
(5) HIAS GUYANA	B	1,002,402.	CASH
(6) HIAS ISRAEL	B	1,109,827.	CASH

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HIAS MEXICO	B	961,082.	CASH
(8) HIAS PERU	B	3,158,551.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information**

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

SCHEDULE R, PARTS II AND IV:

RELATED ORGANIZATION ADDRESSES

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 THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY

OFFICES.