** 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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

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

C Name of organization
HIAS, INC.
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1300 SPRING STREET
Room/suite 500

City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910

F Name and address of principal officer: BETH OPPENHEIM
SAME AS C ABOVE

D Employer identification number
13-5633307

E Telephone number (301)844-7300

G Gross receipts $ 238,150,603.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.HIAS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HIAS IS THE GLOBAL JEWISH NGO HELPING THE FORCIBLY DISPLACED FIND SAFETY, WELCOME & OPPORTUNITY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	307
6	Total number of volunteers (estimate if necessary)	6	281
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-113,316.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	86,326,879.	136,348,669.
9	Program service revenue (Part VIII, line 2g)	412,510.	460,557.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,318,114.	3,735,599.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,741.	8,563.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,116,244.	140,553,388.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,159,803.	71,756,464.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,210,558.	55,339,307.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,000.	147,922.
b	Total fundraising expenses (Part IX, column (D), line 25) 6,168,010.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,602,761.	24,613,544.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,982,122.	151,857,237.
19	Revenue less expenses. Subtract line 18 from line 12	-42,865,878.	-11,303,849.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	94,700,498.	91,979,046.
21	Total liabilities (Part X, line 26)	40,149,730.	50,877,445.
22	Net assets or fund balances. Subtract line 21 from line 20	54,550,768.	41,101,601.

Part II Signature Block

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

Sign Here

Signature of officer
Date
ERIK GABRIEL, DEPUTY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RICHARD J. LOCASTRO, CPA
Preparer's signature: Richard J. Locastro
Date: 08/13/2025
Check if self-employed ☐
PTIN: P00288314

Firm's name: GELMAN, ROSENBERG & FREEDMAN
Firm's EIN: 52-1392008

Firm's address: 4550 MONTGOMERY AVE SUITE 800N
BETHESDA, MD 20814-2930
Phone no. 301-951-9090

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HIAS IS THE INTERNATIONAL JEWISH NONPROFIT THAT STANDS FOR A WORLD IN WHICH REFUGEES FIND WELCOME, SAFETY, AND OPPORTUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 79,964,966. including grants of $ 62,758,912.) (Revenue $ 469,120.)
U.S. PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH OUR NATIONAL RESETTLEMENT NETWORK OF 30 AFFILIATES, HIAS PROVIDED CLIENTS WITH NEW PROGRAMMING AND RESOURCES TO SUPPORT THEIR FULL ECONOMIC AND SOCIAL INCLUSION IN THE UNITED STATES.

(CONTINUED ON SCHEDULE O)

4b (Code: _____) (Expenses $ 38,828,647. including grants of $ 8,997,552.) (Revenue $ _____)
INTERNATIONAL PROGRAM SERVICE ACCOMPLISHMENTS: 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 IN ORDER TO GAIN GREATER STABILITY AND REBUILD THEIR LIVES.

(CONTINUED ON SCHEDULE O)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses 118,793,613.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	95		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	307		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.		17		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22		
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?	2			X
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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

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

ERIK GABRIEL - (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, box 6 of 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 & CEO	35.00			X				396,242.	0.	21,621.
(2) SABRINA LUSTGARTEN BEJMAN EXECUTIVE VICE PRESIDENT & COO	35.00				X			275,392.	0.	41,381.
(3) LARA MONINGHOFF CHIEF FINANCIAL OFFICER	35.00			X				229,559.	0.	40,350.
(4) RAPHAEL MARCUS CHIEF PROGRAMS OFFICER	35.00				X			222,480.	0.	39,108.
(5) MULUEMEBET HUNEGNAW CHIEF STRAT. & MEAS. OFFICER	35.00					X		213,651.	0.	40,827.
(6) MARK COHEN GENERAL COUNSEL	35.00				X			233,796.	0.	11,782.
(7) JESSICA REESE CHIEF INSTIT. DEV'L OFFICER	35.00					X		231,918.	0.	11,536.
(8) RACHEL LEVITAN CHIEF GLOBAL POL. & ADVOCACY OFF.	35.00					X		195,308.	0.	38,252.
(9) RUI LOPES CHIEF INFORMATION OFFICER	35.00					X		193,434.	0.	32,586.
(10) LAURIE BAST SENIOR VP, PEOPLE OPERATIONS	35.00					X		203,447.	0.	10,665.
(11) JEFFREY BLATTNER CHAIR THEN DIR., EX OFF. (EFF. 7/24)	22.00	X		X				0.	0.	0.
(12) TAMAR NEWBERGER CHAIR (EFF. 07/24)	28.00	X		X				0.	0.	0.
(13) MARC SILBERBERG VICE CHAIR (END 06/24)	3.00	X		X				0.	0.	0.
(14) DANIEL GROSSMAN VICE CHAIR (EFF. 07/24)	17.75	X		X				0.	0.	0.
(15) LEON RODRIGUEZ SECRETARY-TREASURER	3.00	X		X				0.	0.	0.
(16) JUDITH FRIEDMAN DIRECTOR (END 06/24)	10.00	X						0.	0.	0.
(17) JULIUS GENACHOWSKI DIRECTOR	1.00	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) JULIE GERSTEN DIRECTOR	15.00	X						0.	0.	0.
(19) MITCHELL GORDON DIRECTOR	10.00	X						0.	0.	0.
(20) STAFFORD FITZGERALD HANEY DIRECTOR	2.00	X						0.	0.	0.
(21) ANDREW HEINRICH DIRECTOR	2.00	X						0.	0.	0.
(22) GARY HIRSCHBERG DIRECTOR	2.00	X						0.	0.	0.
(23) JENNIFER INDIG DIRECTOR	2.00	X						0.	0.	0.
(24) DAVID JAVDAN DIRECTOR (END 07/24)	2.00	X						0.	0.	0.
(25) STEVEN KOLTAI DIRECTOR	5.00	X						0.	0.	0.
(26) ROBYN LAMONT DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								2,395,227.	0.	288,108.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,395,227.	0.	288,108.

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 94

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
M&R STRATEGIC SVCS, INC., 1101 CONNECTICUT AVE NW, 7FL, WASHINGTON, DC 20036	FUNDRASING/ADVERTISING CONSULTING	1,246,195.
FLIGHT CENTRE TRAVEL GROUP USA INC 5 PARAGON DRIVE #200, MONTVALE, NJ 07645	TRAVEL SERVICES	1,036,578.
FLIGHT CTR (UK) LTD, LV 6, CI TOW., NEW MALDEN, SURREY, UNITED KINGDOM KT3 4TE	TRAVEL SERVICES	953,275.
CLARENDON PARTNERS, LLC, 1220 N. FILLMORE ST. STE 305, ARLINGTON, CA 22201	ERP CONSULTING	734,618.
ADP INT'L SVCS B.V, LYLANTSE BAAN 1, CAPELLE AAN DEN IJSSE, NETHERLANDS 2908	PAYROLL SYSTEM	705,440.

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 29

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEPHANIE MUDICK DIRECTOR	6.00	X						0.	0.	0.
(28) RORI PICKER NEISS DIRECTOR	2.00	X						0.	0.	0.
(29) DORIT PERRY DIRECTOR (END 06/24)	1.00	X						0.	0.	0.
(30) FRANK RISCH DIRECTOR	3.50	X						0.	0.	0.
(31) ILAN ROSENBERG DIRECTOR	4.00	X						0.	0.	0.
(32) ROLF STERN DIRECTOR	5.00	X						0.	0.	0.
(33) DANIEL TAVAKOLI DIRECTOR	2.00	X						0.	0.	0.
(34) HARLEY UNGAR DIRECTOR	3.00	X						0.	0.	0.
(35) WILLIAM M. ABRAMS DIRECTOR (START 07/24)	3.00	X						0.	0.	0.
(36) SARAH SCHONBERG BRODSKY DIRECTOR (START 07/24)	2.00	X						0.	0.	0.

Total to Part VII, Section A, line 1c .....

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	81,630,880.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	54,717,789.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 6,851,837.			
	h	**Total.** Add lines 1a-1f			136348669.		
Program Service Revenue			Business Code				
	2a	MIGRANT LOAN & PROCESSING FEES	900099	319,245.	319,245.		
	b	SERVICES FEES & OTHER REVENUES	900099	141,312.	141,312.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			460,557.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,671,269.		-113,316.	1784585.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		8,563.			8,563.
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	99,661,545.				
	b	Less: cost or other basis and sales expenses 7b	97,597,215.				
	c	Gain or (loss) 7c	2,064,330.				
	d	Net gain or (loss)		2,064,330.			2064330.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		140553388.	460,557.	-113,316.	3857478.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,199,393.	61,199,393.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,559,519.	1,559,519.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,997,552.	8,997,552.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,417,597.	292,355.	1,125,242.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,628,816.	23,993,947.	11,164,701.	3,470,168.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,489,642.	4,437.	1,485,205.	
9 Other employee benefits	9,915,318.	7,034,847.	1,705,204.	1,175,267.
10 Payroll taxes	3,887,934.	1,657,857.	2,214,645.	15,432.
11 Fees for services (nonemployees):				
a Management				
b Legal	454,082.	148,723.	296,723.	8,636.
c Accounting	288,781.	30,600.	258,181.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	147,922.			147,922.
f Investment management fees	594,484.		594,484.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,157,250.	2,859,710.	4,184,168.	113,372.
12 Advertising and promotion	1,657,677.	1,323,770.	279,049.	54,858.
13 Office expenses	1,115,287.	249,228.	109,936.	756,123.
14 Information technology	3,918,902.	2,237,648.	1,470,829.	210,425.
15 Royalties				
16 Occupancy	4,045,852.	3,593,304.	383,238.	69,310.
17 Travel	3,015,808.	2,229,139.	678,366.	108,303.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,396.	135,357.	34,645.	6,394.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES & MISC FEE	861,338.	192,520.	668,350.	468.
b PROGRAM SUPPLIES	796,474.	796,474.		
c MEMBERSHIP & SUBS.	531,213.	257,233.	242,648.	31,332.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	151,857,237.	118,793,613.	26,895,614.	6,168,010.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	7,270,044.	2	15,770,953.
	3	Pledges and grants receivable, net	11,184,946.	3	12,921,682.
	4	Accounts receivable, net	5,754,327.	4	5,297,156.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,553,750.	9	1,167,128.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,242,751.			
	b	Less: accumulated depreciation — 10b: 954,648.	133,671.	10c	6,288,103.
	11	Investments - publicly traded securities	37,328,255.	11	25,616,862.
	12	Investments - other securities. See Part IV, line 11	23,756,237.	12	17,384,612.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,719,268.	15	7,532,550.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	94,700,498.	16	91,979,046.
Liabilities	17	Accounts payable and accrued expenses	7,373,148.	17	6,685,544.
	18	Grants payable	7,506,624.	18	10,532,005.
	19	Deferred revenue	3,589,639.	19	4,108,568.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,000,000.	23	11,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,680,319.	25	18,551,328.
	26	**Total liabilities.** Add lines 17 through 25	40,149,730.	26	50,877,445.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	27,859,308.	27	22,358,154.
	28	Net assets with donor restrictions	26,691,460.	28	18,743,447.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	54,550,768.	32	41,101,601.
	33	Total liabilities and net assets/fund balances	94,700,498.	33	91,979,046.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,553,388.
2	Total expenses (must equal Part IX, column (A), line 25)	2	151,857,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,303,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,550,768.
5	Net unrealized gains (losses) on investments	5	1,643,338.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,788,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,101,601.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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	3b	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HIAS, INC.

Employer identification number
13-5633307

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62631210.	109698212	145767173	86326879.	136348669	540772143
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	62631210.	109698212	145767173	86326879.	136348669	540772143
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						540772143

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	62631210.	109698212	145767173	86326879.	136348669	540772143
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2422560.	2669973.	2411680.	1816675.	1793148.	11114036.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-14,215.	-166,938.	-88,709.	58,741.		-211,121.
11 **Total support.** Add lines 7 through 10						551675058
12 Gross receipts from related activities, etc. (see instructions)					12	2,785,031.

13 **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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.02 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.78 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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.)

PART II, SHORT YEAR EXPLANATION:

THE 2022 COLUMN REPORTING IS FOR A SHORT PERIOD (01/01/2023-09/30/2023)

DUE TO THE ORGANIZATION'S CHANGE IN ACCOUNTING PERIOD.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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		$ 43,411,922.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 38,218,957.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 17,200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 6,200,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
4	LAND	$ 6,200,000.	07/26/24
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
HIAS, INC.	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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political 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-.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	12,729.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	
c Total lobbying expenditures (add lines 1a and 1b)	12,729.	
d Other exempt purpose expenditures	151102102.	
e Total exempt purpose expenditures (add lines 1c and 1d)	151114831.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	3,993.	0.	4,633.	12,729.	21,355.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures				12,729.	12,729.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-A, LOBBYING EXPENDITURES:

HIAS DEVELOPS AND PROMOTES POLICIES AND BUILDS CONSTITUENCIES IN ORDER TO INCREASE SUPPORT FOR ITS WORK AND ACHIEVE ITS ADVOCACY PRIORITIES, INCLUDING A ROBUST HUMANITARIAN AID PROGRAM TO REFUGEES BY THE UNITED STATES GOVERNMENT. IN 2024, HIAS ADVOCATED FOR INCREASED REFUGEE ADMISSIONS AND ROBUST FUNDING FOR INTERNATIONAL AND DOMESTIC REFUGEE

Part IV **Supplemental Information** *(continued)*

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 900 CONGREGATIONS, 3,000 JEWISH CLERGY, 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

2023

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.

		(a) Donor advised funds	(b) Funds and other accounts
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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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 2d 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.

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.

b 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 $ _____

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,131,161.	80,614,436.	63,096,416.	51,927,586.	48,157,515.
b Contributions	402,296.	116,710.	27,123,865.	5,593,763.	3,399,128.
c Net investment earnings, gains, and losses	4,639,543.	5,949,288.	-8,059,395.	7,734,564.	4,422,959.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,432,732.	22,139,769.	1,546,450.	2,159,497.	4,052,016.
f Administrative expenses		34,409,504.			
g End of year balance	26,740,268.	30,131,161.	80,614,436.	63,096,416.	51,927,586.

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

a Board designated or quasi-endowment 84.3942 %
b Permanent endowment 14.2320 %
c Term endowment 1.3738 %

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?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		273,564.		273,564.
b Buildings		5,997,510.		5,997,510.
c Leasehold improvements				
d Equipment		249,029.	248,106.	923.
e Other		722,648.	706,542.	16,106.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				6,288,103.

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) ALTERNATIVE INVESTMENTS	17,384,612.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	17,384,612.	

Part VIII Investments - Program Related.

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

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

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) RIGHT-OF-USE ASSETS	7,532,550.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	7,532,550.

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	3,553,382.
(3) SEVERANCE OBLIGATIONS	2,491,036.
(4) LEASE LIABILITIES - OPERATING	8,418,595.
(5) PENSION OBLIGATIONS	1,488,101.
(6) ANNUITY OBLIGATIONS	2,600,214.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	18,551,328.

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.

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS ARE COMPRISED OF INVESTMENTS STIPULATED IN THE DONOR'S AGREEMENT AND ARE TO BE HELD IN PERPETUITY. USE OF APPROPRIATIONS FROM PERMANENTLY RESTRICTED NET ASSETS ARE STIPULATED IN THE DONOR'S AGREEMENT AND MAY BE USED FOR SCHOLARSHIPS OR GENERAL EXPENDITURES.

DURING THE CURRENT YEAR, THE ORGANIZATION RELEASED 3,611,650 OF ASSETS FROM BOARD DESIGNATION; AND THIS AMOUNT IS SHOWN ON SCHEDULE D, PART V, LINE 1E, OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS.

IN ADDITION, THE ORGANIZATION MADE A TRANSFER OF $3,321,083 TO HIAS

Part XIII Supplemental Information *(continued)*

FOUNDATION, FROM ITS ENDOWMENT FUNDS, AND THIS AMOUNT IS INCLUDED ON SCHEDULE D, PART V, LINE 1E.

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* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **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	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		132,922.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		5,692,485.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		10,468.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		417,571.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		272,004.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,472,102.
CENTRAL AMERICA AND THE CARIBBEAN	2	65	PROGRAM SERVICES	REFUGEE ASSISTANCE	3,824.
EUROPE (INCLUDING ICELAND & GREENLAND)	5	24	PROGRAM SERVICES	REFUGEE ASSISTANCE	5,687,422.
3 a Subtotal	7	89			14,688,798.
b Total from continuation sheets to Part I	6	538			760,607.
c **Totals** (add lines 3a and 3b)	13	627			15,449,405.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2023**

LHA 332071 11-29-23

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
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	39	PROGRAM SERVICES	REFUGEE ASSISTANCE	247,211.
SOUTH AMERICA	1	353	PROGRAM SERVICES	REFUGEE ASSISTANCE	100,000.
SUB-SAHARAN AFRICA	3	146	PROGRAM SERVICES	REFUGEE ASSISTANCE	413,396.
Totals ▶	6	538			760,607.

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	FY 24 ECUADOR PRM/REFUGEES, ASYLUM SEEKERS, AND VULNERABLE MIGRANTS	100,000.	CASH / WIRE / CHECK	0.		
		EUROPE	DRL GR/RO - 2023/25 -TO EMPOWER MARGINALIZED RACIAL AND ETHNIC	32,974.	CASH / WIRE / CHECK	0.		
		EUROPE	HE UNRESTRICTED/SUPPORT THE REFUGEES	1257857.	CASH / WIRE / CHECK	0.		
		EUROPE	INFORMATION TECHNOLOGY/SUPPORT THE REFUGEES	38,199.	CASH / WIRE / CHECK	0.		
		EUROPE	JFNA-WELCOME CIRCLES'23/CASH SUPPORT FOR UKRAINIANS AND MENTAL	105,909.	CASH / WIRE / CHECK	0.		
		EUROPE	SJ NEW OPERATIONS FUND/SUPPORT THE REFUGEE	139,328.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS HIAS EUROPE FUND/SUPPORT THE REFUGEE	851,382.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS SCOTT JEWETT/SUPPORT UKRAINE REFUGEE	72,896.	CASH / WIRE / 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 28

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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)
		EUROPE	UKRAINE CRISIS UKRAINE FUND/SUPPORT UKRAINE REFUGEE	1834308.	CASH / WIRE / CHECK	0.		
		SUB-SAHARAN AFRICA	PRM REFERRALS FY23/EQUITABLE RESETTLEMENT ACCESS CONSORTIUM	42,061.	CASH / WIRE / CHECK	0.		
		SUB-SAHARAN AFRICA	SJ LOCALIZATION/REFUGEE SUPPORT	226,875.	CASH / WIRE / CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS UKRAINE FUND/SUPPORT REFUGEE	18,841.	CASH / WIRE / CHECK	0.		
		SUB-SAHARAN AFRICA	PRM REFERRALS FY23/EQUITABLE RESETTLEMENT ACCESS CONSORTIUM	89,261.	CASH / WIRE / CHECK	0.		
		EUROPE	MODERNA FOUNDATION 2024 POLAND/IMPROVE THE RESILIENCE AND WELL-BEING FOR	90,909.	CASH / WIRE / CHECK	0.		
		EUROPE	PELS TZEDEK TIRDOF FOUNDATION UKRAINE CRISIS FY22/SUPPORT UKRAINIAN REFUGEES	36,882.	CASH / WIRE / CHECK	0.		
		EUROPE	PRM REFERRALS FY23/EQUITABLE RESETTLEMENT ACCESS CONSORTIUM	6,029.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS POLAND FUND/SUPPORT UKRAINE REFUGEE	18,561.	CASH / WIRE / CHECK	0.		

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)
		EUROPE	UKRAINE CRISIS SCOTT JEWETT/SUPPORT UKRAINE REFUGEE	70,910.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS UKRAINE FUND/SUPPORT UKRAINE REFUGEE	430,712.	CASH / WIRE / CHECK	0.		
		EUROPE	DRL GR/RO - 2023/25 - TO EMPOWER MARGINALIZED RACIAL AND ETHNIC	145,896.	CASH / WIRE / CHECK	0.		
		EUROPE	ISRAEL CRISIS/SUPPORT MEALS AND SAVE SPACES FOR CHILDREN	30,000.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS ROMANIA FUND/SUPPORT UKRAINE REFUGEES	210,845.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS UKRAINE FUND/SUPPORT UKRAINE REFUGEES	71,824.	CASH / WIRE / CHECK	0.		
		SUB-SAHARAN AFRICA	SJ NEW OPERATIONS FUND/SUPPORT REFUGEE	55,200.	CASH / WIRE / CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	JFNA - UKRAINE_2024/BUILD CAPACITY OF WOMEN-LED ORG TO RESPOND TO THE	47,226.	CASH / WIRE / CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UHF_UKRIANE_FY2024/EDUCATION, GBV AND CHILD SUPPORT	167,508.	CASH / WIRE / CHECK	0.		

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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	UKRAINE CRISIS POOL/SUPPORT REFUGEES IN UKRAINE	13,636.	CASH / WIRE / CHECK	0.		
		EUROPE	SJ NEW OPERATIONS FUND/SUPPORT REFUGEE	237,550.	CASH / WIRE / 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)
PRM 2022 COSTA RICA/REFUGEE AND PLACEMENT IN COSTA RICA	CENTRAL AMERICA AND THE CARIBBEAN	1	245.	CASH / WIRE / CHECK	0.		
ANONYMOUS DONOR 2023-26 HND GUY GTM HQ/CATALYZING SELF-RELIANCE FOR REFUGEES IN FRAGILE MARKETS	CENTRAL AMERICA AND THE CARIBBEAN	1	290.	CASH / WIRE / CHECK	0.		
FY 24 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	CENTRAL AMERICA AND THE CARIBBEAN	62	20,717.	CASH / WIRE / CHECK	0.		
FY23 AIRBNB - GUATEMALA/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	CENTRAL AMERICA AND THE CARIBBEAN	128	22,609.	CASH / WIRE / CHECK	0.		
ANONYMOUS DONOR 2023-26 HND GUY GTM HQ/CATALYZING SELF-RELIANCE FOR REFUGEES IN FRAGILE MARKETS	CENTRAL AMERICA AND THE CARIBBEAN	90	46,350.	CASH / WIRE / CHECK	0.		
CFLI (DFATD) 2023-24 PANAMA/AUTONOMY AND ECONOMIC EMPOWERMENT OF MIGRANT WOMEN AND ADOLESCENTS, ASYLUM	CENTRAL AMERICA AND THE CARIBBEAN	65	430.	CASH / WIRE / CHECK	0.		
CFLI 2024-25 PANAMA/RREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE, INCLUDING MENTAL	CENTRAL AMERICA AND THE CARIBBEAN	204	2,040.	CASH / WIRE / CHECK	0.		
SECURITY/SUPPORT FOR REFUGEE	CENTRAL AMERICA AND THE CARIBBEAN	20	222.	CASH / WIRE / CHECK	0.		
UNFUNDED OPERATIONS/SUPPORT TO THE REFUGEE	CENTRAL AMERICA AND THE CARIBBEAN	10	138.	CASH / WIRE / CHECK	0.		

SEE PART V FOR COLUMN (A) DESCRIPTIONS

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNHCR 2024 PANAMA/PROTECTION AND HUMANITARIAN ASSISTANCE FOR PEOPLE IN HUMAN MOBILITY	CENTRAL AMERICA AND THE CARIBBEAN	743	5,450.	CASH / WIRE / CHECK	0.		
UNHCR_2023_PANAMA/PROTECTION AND HUMANITARIAN ASSISTANCE FOR PEOPLE IN HUMAN MOBILITY	CENTRAL AMERICA AND THE CARIBBEAN	695	30,608.	CASH / WIRE / CHECK	0.		
GR IRUSA 22.24/ENHANCING REFUGEE RIGHTS AND PROTECTION	EUROPE	149	3,952.	CASH / WIRE / CHECK	0.		
GR IRUSA 2024/26/ENHANCING REFUGEE RIGHTS AND PROTECTION	EUROPE	2	91.	CASH / WIRE / CHECK	0.		
HIAS EUROPE 23-24 GREECE/MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO REFUGEES	EUROPE	33	888.	CASH / WIRE / CHECK	0.		
PRM REFERRALS FY23/EQUITABLE RESETTLEMENT ACCESS CONSORTIUM	EUROPE	1	131.	CASH / WIRE / CHECK	0.		
ISRAEL CRISIS/SUPPORT MEALS AND SAVE SPACES FOR CHILDREN	MIDDLE EAST AND NORTH AFRICA	2	3,571.	CASH / WIRE / CHECK	0.		
JFNA 2024 ISRAEL EMERGENCY/SUPPORT TO REFUGEE	MIDDLE EAST AND NORTH AFRICA	91	6,898.	CASH / WIRE / CHECK	0.		
AFRICA/EURASIA PROGRAMS UR/SUPPORT TO REFUGEE	SUB-SAHARAN AFRICA	62	4,174.	CASH / WIRE / CHECK	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
JFNA - UKRAINE_2024/BUILD CAPACITY OF WOMEN-LED ORG TO RESPOND TO THE EMERGENCY IN UKRAINE	RUSSIA AND THE NEWLY INDEPENDENT STATES	34	3,092.	CASH / WIRE / CHECK	0.		
UHF-UKRIANE_FY2024/EDUCATION, GBV AND CHILD SUPPORT	RUSSIA AND THE NEWLY INDEPENDENT STATES	60	10,593.	CASH / WIRE / CHECK	0.		
UKRAINE CRISIS UKRAINE FUND/SUPPORT TO THE REFUGEES	RUSSIA AND THE NEWLY INDEPENDENT STATES	81	11,108.	CASH / WIRE / CHECK	0.		
FY 23 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	42	27,878.	CASH / WIRE / CHECK	0.		
FY 24 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	58	28,035.	CASH / WIRE / CHECK	0.		
BHA FY2024 ECUADOR - NFI/IMMEDIATE NEEDS OF VULNERABLE POPULATIONS IN GUAYAQUIL AFFECTED BY THE EL	SOUTH AMERICA	300	20,000.	CASH / WIRE / CHECK	0.		
COLUMBIA GRAND CHALLENGES (ECUADOR)/MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR REFUGEE	SOUTH AMERICA	50	1,123.	CASH / WIRE / CHECK	0.		
COSUDE FY23.FY25/GENDER-BASED VIOLENCE	SOUTH AMERICA	2,095	27,374.	CASH / WIRE / CHECK	0.		
EC DEVCO 21/SUPPORTING PSYCHOSOCIAL, LEGAL, AND EDUCATIONAL	SOUTH AMERICA	313	40,560.	CASH / WIRE / CHECK	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EC FY24 UNHCR/REGISTRATION, CASE MANAGEMENT, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT	SOUTH AMERICA	25,578	128,197.	CASH / WIRE / CHECK	0.		
EC FY24 UNHCR DAFI/UNIVERSITY SCHOLARSHIP PROGRAMME FOR REFUGEES IN ECUADOR.	SOUTH AMERICA	43	131,897.	CASH / WIRE / CHECK	0.		
EC HILTON - FEDEXPOR - .23.25/SUPPORT THE SOCIOECONOMIC INTEGRATION OF REFUGEES, VULNERABLE HOST	SOUTH AMERICA	303	24,349.	CASH / WIRE / CHECK	0.		
EC IOM 23/PROVIDING HUMANITARIAN ASSISTANCE SOLUTIONS FOR PEOPLE IN THE PROCESS OF TO THIRD	SOUTH AMERICA	110	19,868.	CASH / WIRE / CHECK	0.		
EC IOM 24-NOV23-APRIL24/CASH ASSISTANCE, SAFE SHELTER, TRANSPORTATION, FOOD, AND HEALTHCARE ACCESS, PROMOTING	SOUTH AMERICA	2,990	393,539.	CASH / WIRE / CHECK	0.		
EC UNFPA 23.26 (YEAR 1)/STRENGTHENING LIFE-SAVING GENDER-BASED VIOLENCE (GBV) SERVICES. THE INTERVENTIONS	SOUTH AMERICA	620	1,037.	CASH / WIRE / CHECK	0.		
EC UNHCR DAFI FY 23/UNIVERSITY SCHOLARSHIP PROGRAMME FOR REFUGEES.	SOUTH AMERICA	56	73,171.	CASH / WIRE / CHECK	0.		
EC UNICEF FY 23/SOCIAL INCLUSION AND PROTECTION PROGRAM FOR GIRLS IN HUMAN MOBILITY.	SOUTH AMERICA	9,646	348,584.	CASH / WIRE / CHECK	0.		
EC UNICEF FY24/SOCIAL INCLUSION WITH EMPHASIS ON CHILD PROTECTION, CARE, SUPPORT, PROMOTION AND	SOUTH AMERICA	11,740	9,743.	CASH / WIRE / CHECK	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EC WFP .23.24/PROVIDING FOOD ASSISTANCE THROUGH CASH-BASED VOUCHER TRANSFERS AND DELIVERING FOOD TO	SOUTH AMERICA	10	50.	CASH / WIRE / CHECK	0.		
EC WHOLE PLANET FOUNDATION FY23.FY26/SUPPORT REFUGEE, MIGRANT, AND VULNERABLE LOCAL FAMILIES IN BUILDING SAFE AND	SOUTH AMERICA	80	54,400.	CASH / WIRE / CHECK	0.		
FY 23 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	32	81,735.	CASH / WIRE / CHECK	0.		
FY 23 UNHCR - ECUADOR/PROTECTION AND HUMANITARIAN ASSISTANCE FOR PEOPLE IN HUMAN MOBILITY IN	SOUTH AMERICA	44,327	65,848.	CASH / WIRE / CHECK	0.		
FY 24 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	168	47,226.	CASH / WIRE / CHECK	0.		
FY 24 ECUADOR PRM/EMPOWERING REFUGEES TO EXERCISE THEIR RIGHTS AND ACCESS PROTECTION MECHANISMS; IMPROVING MENTAL	SOUTH AMERICA	46,841	772,972.	CASH / WIRE / CHECK	0.		
UNFUNDED OPERATIONS/SUPPORT TO THE REFUGEE	SOUTH AMERICA	196	12,195.	CASH / WIRE / CHECK	0.		
FY 23 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	5	4,503.	CASH / WIRE / CHECK	0.		
FY 24 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	12	3,858.	CASH / WIRE / CHECK	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FY 23 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	206	48,229.	CASH / WIRE / CHECK	0.		
FY 24 AIRBNB/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	SOUTH AMERICA	28	5,730.	CASH / WIRE / CHECK	0.		

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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[X] 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 the Instructions for Form 8621)*	[ ] Yes	[X] 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 the Instructions for Form 8865)*	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] 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:

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 II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FY 24 ECUADOR PRM/REFUGEES, ASYLUM SEEKERS, AND VULNERABLE MIGRANTS IN ECUADOR MEET THEIR MOST URGENT NEEDS AND INCREASE THEIR OPPORTUNITIES FOR INTERIM AND DURABLE

REGION: EUROPE

(D) PURPOSE OF GRANT: DRL GR/RO - 2023/25 -TO EMPOWER MARGINALIZED RACIAL AND ETHNIC COMMUNITIES IN EUROPE

REGION: EUROPE

(D) PURPOSE OF GRANT: JFNA-WELCOME CIRCLES'23/CASH SUPPORT FOR UKRAINIANS AND MENTAL HEALTH

REGION: EUROPE

(D) PURPOSE OF GRANT: MODERNA FOUNDATION 2024 POLAND/IMPROVE THE RESILIENCE AND WELL-BEING FOR REFUGEES

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.

REGION: EUROPE

(D) PURPOSE OF GRANT: DRL GR/RO - 2023/25 - TO EMPOWER MARGINALIZED RACIAL AND ETHNIC COMMUNITIES IN EUROPE

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(D) PURPOSE OF GRANT: JFNA - UKRAINE_2024/BUILD CAPACITY OF WOMEN-LED ORG TO RESPOND TO THE EMERGENCY IN UKRAINE

PART III, COLUMN (A):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: CFLI (DFATD) 2023-24 PANAMA/AUTONOMY AND ECONOMIC EMPOWERMENT OF MIGRANT WOMEN AND ADOLESCENTS, ASYLUM SEEKERS, REFUGEES, AND HOST COMMUNITIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: CFLI 2024-25 PANAMA/RREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE, INCLUDING MENTAL HEALTH

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: BHA FY2024 ECUADOR - NFI/IMMEDIATE NEEDS OF VULNERABLE POPULATIONS IN GUAYAQUIL AFFECTED BY THE EL NIO PHENOMENON

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC HILTON - FEDEXPOR - .23.25/SUPPORT THE SOCIOECONOMIC INTEGRATION OF REFUGEES, VULNERABLE HOST COMMUNITIES

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.

THROUGH LABOR INCLUSION AND DEVELOPMENT NETWORKS.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC IOM 23/PROVIDING HUMANITARIAN ASSISTANCE SOLUTIONS FOR PEOPLE IN THE PROCESS OF TO THIRD COUNTRIES.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC IOM 24-NOV23-APRIL24/CASH ASSISTANCE, SAFE SHELTER, TRANSPORTATION, FOOD, AND HEALTHCARE ACCESS, PROMOTING PARTICIPANTS AUTONOMY, DIGNITY, AND SAFETY FOR REFUGEE.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC UNFPA 23.26 (YEAR 1)/STRENGTHENING LIFE-SAVING GENDER-BASED VIOLENCE (GBV) SERVICES. THE INTERVENTIONS FOCUSED ON SUPPORTING VULNERABLE WOMEN, ADOLESCENTS, LGBTQI+ INDIVIDUALS, AND GBV SURVIVORS IN UNDERSERVED AREAS.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC UNICEF FY24/SOCIAL INCLUSION WITH EMPHASIS ON CHILD PROTECTION, CARE, SUPPORT, PROMOTION AND STRENGTHENING THE EXERCISE OF THE RIGHTS OF CHILDREN AND ADOLESCENTS.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC WFP .23.24/PROVIDING FOOD ASSISTANCE THROUGH CASH-BASED VOUCHER TRANSFERS AND DELIVERING FOOD TO POPULATIONS IN TRANSIT.

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.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC WHOLE PLANET FOUNDATION FY23.FY26/SUPPORT REFUGEE, MIGRANT, AND VULNERABLE LOCAL FAMILIES IN BUILDING SAFE AND SUSTAINABLE LIVELIHOODS.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: FY 23 UNHCR - ECUADOR/PROTECTION AND HUMANITARIAN ASSISTANCE FOR PEOPLE IN HUMAN MOBILITY IN ECUADOR

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: FY 24 ECUADOR PRM/EMPOWERING REFUGEES TO EXERCISE THEIR RIGHTS AND ACCESS PROTECTION MECHANISMS; IMPROVING MENTAL HEALTH, WELL-BEING, AND SAFETY

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [ ] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [ ] Solicitation of non-government grants
- **f** [ ] Solicitation of government grants
- **g** [ ] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
NEAL P. MYERBERG - 179 SHORE ROAD, OLD GREENWICH, CT	FUNDRAISING CONSULTANT		X	0.	69,000.	-69,000.
LKA FUNDRAISING & COMMUNICATIONS - 4800 SOUTH	DIRECT MAIL		X	0.	78,922.	-78,922.
Total					147,922.	-147,922.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO
MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NEAL P. MYERBERG

(I) ADDRESS OF FUNDRAISER: 179 SHORE ROAD, OLD GREENWICH, CT 06870

(I) NAME OF FUNDRAISER: LKA FUNDRAISING & COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

4800 SOUTH MACADAM AVE. STE 135, PORTLAND, OR 97239

Part IV **Supplemental Information** *(continued)*

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 for the latest information.

OMB No. 1545-0047

2023

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 SOUTH STATE STREET, STE 200 - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	5,166,340.	0.			RESETTLEMENT AND PLACEMENT
GULF COAST JEWISH FAMILY & COMMUNITY SERVICES - 14041 ICOT BLVD. - CLEARWATER, FL 33760	59-1229354	501(C)(3)	4,159,765.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF WESTERN NEW YORK - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	3,807,650.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY & COMMUNITY SERVICES OF EAST BAY - 2484 SHATTUCK AVE., #210 - BERKELEY, CA 94704	94-3250304	501(C)(3)	3,609,252.	0.			RESETTLEMENT AND PLACEMENT
HIAS FOUNDATION 1300 SPRING ST SUITE 500 SILVER SPRING, MD 20910	87-4477821	501(C)(3)	3,452,950.	0.			PERMANENTLY RESTRICTED ENDOWMENTS
JEWISH FAMILY & COMMUNITY SERVICES OF PITTSBURGH - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	3,294,360.	0.			RESETTLEMENT AND PLACEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 40.

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

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
COMMONPOINT QUEENS 77-17 QUEENS BLVD ELMHURST, NY 11373	11-3071518	501(C)(3)	3,117,613.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF SEATTLE 1209 CENTRAL AVE S. #134 KENT, WA 98032	91-0565537	501(C)(3)	3,055,031.	0.			RESETTLEMENT AND PLACEMENT
HIAS PENNSYLVANIA 600 CHESTNUT ST., 500B PHILADELPHIA, PA 19106	21-1405597	501(C)(3)	2,846,226.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	2,775,172.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF GREENWICH - 67 HOLLY HILL LANE - GREEWICH, CT 06830	06-1073590	501(C)(3)	2,335,452.	0.			RESETTLEMENT AND PLACEMENT
CAROLINA REFUGEE RESETTLEMENT AGENCY - 5009 MONROE RD STE. 100 - CHARLOTTE, NC 28205	30-0577219	501(C)(3)	2,325,266.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	1,992,265.	0.			RESETTLEMENT AND PLACEMENT
NY-NIAGARA FALLS / JEWISH FAMILY SERVICES OF WESTERN NEW YORK - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	1,947,284.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 N FRONT ST - HARRISBURG, PA 17110	23-2894802	501(C)(3)	1,327,380.	0.			RESETTLEMENT AND PLACEMENT

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 AND CHILDRENS SERVICES OF SOUTHERN ARIZONA- TUCSON - 4301 EAST 5TH STREET - TUCSON, AZ 85711	86-0623896	501(C)(3)	1,286,943.	0.			RESETTLEMENT AND PLACEMENT
OH-TOLEDO (GTNC) / JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 4427 TALMADGE ROAD SUITE F - TOLEDO, OH 43623	41-2147486	501(C)(3)	1,225,349.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF SILICON VALLEY - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452	501(C)(3)	1,223,179.	0.			RESETTLEMENT AND PLACEMENT
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BLVD. - NORTH PORT, FL 33181	59-1229354	501(C)(3)	1,190,096.	0.			RESETTLEMENT AND PLACEMENT
MAY DUGAN CENTER 4115 BRIDGE AVE CLEVELAND, OH 44113	23-7061949	501(C)(3)	1,077,292.	0.			RESETTLEMENT AND PLACEMENT
CONGREGATION B'NAI EMUNAH 1719 S OWASSO AVE TULSA, OK 74120	73-6004597	501(C)(3)	1,035,244.	0.			RESETTLEMENT AND PLACEMENT
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA - 12000 BISCAYNE BLVD, SUITE 303 - MIAMI, FL 33181	59-0637867	501(C)(3)	974,632.	0.			RESETTLEMENT AND PLACEMENT
JEWISH COMMUNITY ALLIANCE OF SOUTHERN MAINE - 1342 CONGRESS ST - PORTLAND, ME 04102	01-0530420	501(C)(3)	915,943.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DR DENVER, CO 80231	84-0402701	501(C)(3)	914,470.	0.			RESETTLEMENT AND PLACEMENT

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 CHILD & FAMILY SERVICES, CHICAGO - 5150 GOLF ROAD - SKOKIE, IL 60077	36-2167757	501(C)(3)	876,005.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	715,763.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY AND CHILDRENS SERVICE - 3801 EAST WILLOW ST - LONG BEACH, CA 90815	95-2273033	501(C)(3)	666,590.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF METROWEST - 475 FRANKLIN STREET - FRAMINGHAM, MA 01702	04-2730898	501(C)(3)	646,395.	0.			RESETTLEMENT AND PLACEMENT
GIVING BACK FUND, INC 208 CANYONBACK RD LOS ANGELES, CA 90049	04-3367888	501(C)(3)	619,394.	0.			GENDER BASED VIOLENCE SUPPORT
JEWISH SOCIAL SERVICES OF MADISON 6434 ENTERPRISE LANE MADISON, WI 53719	39-1300430	501(C)(3)	573,071.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF COLUMBUS 1070 COLLEGE AVE COLUMBUS, OH 43209	31-4379497	501(C)(3)	561,324.	0.			RESETTLEMENT AND PLACEMENT
REFUGEPOINT, INC. 89 SOUTH STREET, SUITE 802 BOSTON, MA 02111	20-2061482	501(C)(3)	464,777.	0.			RESETTLEMENT AND PLACEMENT
HIAS ECONOMIC ADVANCEMENT FUND 1300 SPRING ST SUITE 200 SILVER SPRING, MD 20910	88-0984307	501(C)(3)	442,920.	0.			FINANCIAL ASSISTANCE TO ENTREPRENEURS REFUGEES

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
REFUGEE DEVELOPMENT CENTER INC. 747 BROAD STREET PROVIDENCE, RI 02907	47-3515841	501(C)(3)	131,341.	0.			RESETTLEMENT AND PLACEMENT
WOMEN'S REFUGEE COMMISSION, INC. 6434 ENTERPRISE LANE MADISON, WI 53719	39-1300430	501(C)(3)	130,865.	0.			ENHANCE ACCESS TO RIGHTS AND PROTECTION OF WOMEN, ADOLESCENT GIRLS.
FAMILY ENDEAVORS, INC. 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501(C)(3)	113,714.	0.			RESETTLEMENT AND PLACEMENT
AYUDA 1990 K STREET, NW, SUITE 500 WASHINGTON, DC 20006	52-0971440	501(C)(3)	98,158.	0.			ASSISTANCE TO REFUGEES
SOCIAL GOOD FUND INC. 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	59,738.	0.			LEGAL GUIDANCE AND SOCIAL SUPPORT
AMERICAN BAR ASSOCIATION COMMISSION ON IMMIGRATION - 1050 CONNECTICUT AVE. NW SUITE 400 - WASHINGTON, DC 20036	36-6110299	501(C)(3)	30,064.	0.			LEGAL ASSISTANCE TO REFUGEES
TEMPLE B'NAI ISRAEL 4901 N. PENNSYLVANIA AVE. OKLAHOMA CITY, OK 73112	73-0599287	501(C)(3)	14,120.	0.			RESETTLEMENT AND PLACEMENT

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
GENERAL UNRESTRICTED FUND/LODGING FOR REFUGEES	12	3,880.	0.		
AIRBNB AWARD FOR U.S. SPONSORED REFUGEES, PROVIDING INITIAL LODGING FOR REFUGEES	24	82,671.	0.		
AUSTIN UNRESTRICTED, RESETTLEMENT AND PLACEMENT FOR REFUGEES	2	1,350.	0.		
COLLECTIONS, REFUGESS SERVICES	547	5,901.	0.		
FY 2024 IDA PROGRAM, INITIAL ASSISTANCE FOR REFUGEES	208	137,599.	0.		

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:

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

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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
FY 24 AIRBNB, PROVIDING INITIAL LODGING FOR REFUGEES	14.	20,843.	0.		
FY2024 R&P FOR AFGHAN REFUGEES & SIVS, RESETTLEMENT AND PLANCEMENT FOR REFUGEES	186.	171,623.	0.		
FY24 MS. L SETTLEMENT HOUSING GRANT, RENTAL SERVICES FOR REFUGEES	231.	293,304.	0.		
FY24 PC AFGHAN SUPPLEMENT, ECONOMICS INCLUSION	1.	70.	0.		
FY24 PC UKRAINE SUPPLEMENT, ECONOMICS INCLUSION	1.	170.	0.		
FY24 R&P, RESETTLEMENT FOR REFUGEES	438.	484,139.	0.		
FY24 R&P / FY2024 R&P FOR AFGHAN REFUGEES & SIVS - HIAS AUSTIN RESETTLEMENT	120.	348,774.	0.		
GRASSROOTS CAMPAIGNS AND ORGANIZING, RENT ASSISTANCE FOR REFUGEES	2.	4,689.	0.		
L&A SOCIAL SERVICE POOL, HEALTH SUPPLIES AND GIFT CARD FOR REFUGEES	80.	1,010.	0.		

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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
LEGAL POOL, SUPPORT FOR REFUGEES	1.	500.	0.		
LEGAL UNRESTRICTED, SUPPORT FOR REFUGEE	1.	40.	0.		
REFUGEE RESETTLEMENT, RESETTLEMENT AND PLACEMENT FOR REFUGEES	11.	1,086.	0.		
SAFEGUARDING, REFUGEE ASSISTANCE	2.	495.	0.		
SJ LEGAL SERVICES FUND, GIFT CARDS FOR FOCUS GROUP	32.	927.	0.		
SOCIAL INTEGRATION UNRESTRICTED, SERVICE FOR REFUGEES	4.	357.	0.		
YOUTH MHPSS HIAS, TRANSLATION SERVICE FOR REFUGEES	1.	91.	0.		

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I Questions Regarding Compensation

		Yes	No
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.		
	[X] First-class or charter travel		
	[ ] Travel for companions		
	[ ] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[ ] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[ ] Health or social club dues or initiation fees		
	[ ] 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 **1b**	X	
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? **2**	X	
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.		
	[ ] Compensation committee		
	[ ] Independent compensation consultant		
	[X] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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	(i)	396,242.	0.	0.	20,050.	1,571.	417,863.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SABRINA LUSTGARTEN BEJMAN	(i)	275,392.	0.	0.	14,052.	27,329.	316,773.	0.
EXECUTIVE VICE PRESIDENT & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LARA MONINGHOFF	(i)	229,559.	0.	0.	11,806.	28,544.	269,909.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAPHAEL MARCUS	(i)	222,480.	0.	0.	11,534.	27,574.	261,588.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MULUEMEBET HUNEGNAW	(i)	213,651.	0.	0.	10,946.	29,881.	254,478.	0.
CHIEF STRAT. & MEAS. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK COHEN	(i)	233,796.	0.	0.	11,782.	0.	245,578.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSICA REESE	(i)	231,918.	0.	0.	11,536.	0.	243,454.	0.
CHIEF INSTIT. DEV'L OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RACHEL LEVITAN	(i)	195,308.	0.	0.	10,228.	28,024.	233,560.	0.
CHIEF GLOBAL POL. & ADVOCACY OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RUI LOPES	(i)	193,434.	0.	0.	9,911.	22,675.	226,020.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAURIE BAST	(i)	203,447.	0.	0.	10,193.	472.	214,112.	0.
SENIOR VP, PEOPLE OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

CEO CONTRACT ALLOWS FOR BUSINESS CLASS TRAVEL, AT HIS DISCRETION, ON INTER-CONTINENTAL AND REDEYE FLIGHTS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HIAS, INC.

Employer identification number

13-5633307

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	64	651,837.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	6,200,000.	FMV
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN (B) INCLUDES THE NUMBER OF DONATIONS RECEIVED.

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HIAS, INC.

Employer identification number
13-5633307

PART I, FINANCIAL SUMMARY:

HIAS INC. CHANGED ITS REPORTING PERIOD FROM A DECEMBER 31 YEAR-END TO A SEPTEMBER 30 YEAR-END DURING THE PREVIOUS YEAR. THIS FORM 990 COVERS A 12-MONTH PERIOD, FROM OCTOBER 1, 2023 TO SEPTEMBER 30, 2024.

AS A CONSEQUENCE, THIS RESULTED IN CERTAIN FLUCTUATIONS IN HIAS'S INCOME AND EXPENSE DURING THE CURRENT PERIOD IN COMPARISON TO THE 9-MONTH PERIOD (JANUARY 1, 2023 TO SEPTEMBER 30, 2023) SHOWN ON PAGE 1 OF THE FORM 990 IN THE PRIOR YEAR COLUMN:

1) ON PAGE 1, LINE 12, AN INCREASE IN TOTAL REVENUE FROM THE PRIOR YEAR OF 52 MILLION: THE PRIOR YEAR ONLY REFLECTS 9 MONTHS OF ACTIVITY, AND THE FOURTH QUARTER OF THE CALENDAR YEAR (WHICH IS NOT INCLUDED IN THE PRIOR REPORTING PERIOD) IS TYPICALLY A QUARTER WHICH SHOWS INCREASED DONOR ACTIVITY;

2) DURING THE CURRENT PERIOD, HIAS RECEIVED CONTRIBUTIONS FROM HIAS FOUNDATION FOR A TOTAL OF 17.2 MILLION; AND HIAS MADE A TRANSFER OF ENDOWMENT ASSETS TO HIAS FOUNDATION FOR APPROXIMATELY 7.3M, OF THIS AMOUNT 3.3M WAS RECOGNIZED AND TRANSFERRED TO HIAS FOUNDATION DURING THE CURRENT PERIOD.

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

THERE HAVE NEVER BEEN MORE PEOPLE SEEKING SAFETY AND SO FEW PLACES WILLING TO PROTECT AND WELCOME THEM. OVER 120 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 IN

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MORE THAN 20 OTHER COUNTRIES, PROVIDING VITAL SERVICES TO REFUGEES AND VULNERABLE MIGRANTS SO THEY CAN REBUILD THEIR LIVES.

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

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 FOR 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 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. IN 2024, HIAS' US-BASED SOCIAL SERVICES TEAM PROVIDED COMPREHENSIVE, COMPLEMENTARY SUPPORT TO LEGAL CLIENTS. THIS INCLUDED CLINICAL CASE MANAGEMENT, A ROBUST VOLUNTEER AND COMMUNITY SUPPORT PROGRAM, AND OUR ONGOING ASYLEE OUTREACH PROJECT, COLLECTIVELY SERVING 283 INDIVIDUALS. HIAS OFFERS PRO BONO LEGAL SERVICES TO REFUGEES, ASYLUM SEEKERS AND

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OTHER FORCIBLY DISPLACED PERSONS THROUGH OUR DIRECT IMMIGRATION LEGAL SERVICES PROGRAM IN NEW YORK AND SILVER SPRING, AS WELL AS THROUGH AN ACTIVE NETWORK OF OVER 2,000 PRO BONO ATTORNEYS NATIONWIDE. THIS ADDITIONAL SUPPORT HELPS CLIENTS NOT ONLY NAVIGATE THE COMPLICATIONS AND DIFFICULTIES OF LONG LEGAL PROCESSES BUT ALSO IN ADJUSTING TO LIFE IN A NEW COMMUNITY. 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 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.

STATEWIDE COALITIONS AND LOCAL PARTNERSHIPS FUEL HIAS' WORK AT THE GRASSROOTS LEVEL ACROSS THE NATION. THROUGHOUT THE COUNTRY, AND WITH THE FOCUSED WORK OF OUR ESTABLISHED REGIONAL OUTREACH PROGRAMS IN 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.

IN 2024, HIAS LED OR WAS PART OF 105 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND BRIEFINGS. HIAS LAUNCHED THE HIAS CLERGY COUNCIL, WHICH LEVERAGES THE MORAL AUTHORITY OF JEWISH CLERGY TO RAISE AWARENESS OF AND ADVOCATE FOR REFUGEES, ASYLUM SEEKERS, AND THE FORCIBLY DISPLACED.

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

HIAS PARTNERS CLOSELY WITH DOMESTIC AND INTERNATIONAL LEADERSHIP, LIKE

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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. LEGAL STATUS IS CRITICAL FOR REFUGEES. WITHOUT LEGAL STATUS, REFUGEES ARE FORCED TO LIVE ON THE MARGINS OF SOCIETY, LACKING HEALTHCARE, EDUCATION, DIGNIFIED WORK, OR SAFE SHELTER - SOMETIMES FOR GENERATIONS. IN RESPONSE TO THE HUNDREDS OF THOUSANDS OF SUDANESE REFUGEES WHO HAVE FLED TO EASTERN CHAD, HIAS HAS EMPLOYED A MULTIFACETED APPROACH CENTERED ON RISK MITIGATION, RESPONSIVE ACTION, AND PROACTIVE PREVENTION TO COMBAT GBV. ALMOST 8,000 PEOPLE HAVE BEEN REACHED THROUGH ENCOURAGING A SUPPORTIVE ENVIRONMENT FOR HEALING AND MHPSS SERVICES SUCH AS COUNSELING AND COMMUNITY TRAINING ON HOW TO RECOGNIZE AND RESPOND TO EMOTIONAL DISTRESS. COLLABORATING CLOSELY WITH COMMUNITY STAKEHOLDERS, HIAS DELIVERED CHILD PROTECTION SERVICES AND ORGANIZED AWARENESS CAMPAIGNS. HIAS HAS ASSISTED OVER 44,656 CHILDREN DIRECTLY AND INDIRECTLY THROUGH THIS WORK. MOREOVER, HIAS HAS SUCCESSFULLY TRAINED NEARLY 8,000 PEOPLE IN CHAD ON TECHNIQUES FOR PEACEFUL COEXISTENCE AND CONFLICT PREVENTION.

EXAMPLES OF HIAS' IMPACT IN 2024:

HIAS REACHED OVER 1.212 M FORCIBLY DISPLACED PEOPLE WORLDWIDE, INCLUDING THE PROVISION OF DIRECT SERVICES TO OVER 725,000 INDIVIDUALS.

1 M PEOPLE WERE REACHED INDIRECTLY THROUGH ADVOCACY AND INFORMATION, EDUCATION, AND COMMUNICATION CAMPAIGNS.

HIAS' MHPSS REACHED OVER 250,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.

HIAS' PROGRAMS FOR THE PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS REACHED OVER 286,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.

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HIAS REACHED OVER 261,000 PEOPLE WITH LEGAL ASSISTANCE SERVICES GLOBALLY.

IN 2024, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO MEET THE BASIC NEEDS OF FORCIBLY DISPLACED PEOPLE, REACHING OVER 143,000 PEOPLE GLOBALLY.

- IN 2024, HIAS PROVIDED RESETTLEMENT SUPPORT RESETTLING 8,274 REFUGEES IN THE UNITED STATES.

- IN CHAD, HIAS ADMINISTERED SERVICES TO OVER 726,516 PEOPLE FLEEING VIOLENCE IN SUDAN AND OTHER CONFLICT AREAS. HIAS STAFF CONDUCTED PROTECTION ACTIVITIES ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS DIRECTLY REACHING OVER 30,262 PEOPLE IN DISPLACED COMMUNITIES, AND AN ADDITIONAL 2,580 INDIVIDUALS IN HOST COMMUNITIES.

- IN ISRAEL, HIAS IS ONE OF THE LEADING LEGAL AID PROVIDERS FOR DISPLACED PERSONS, WHERE THEY SERVED OVER 9,342 DISPLACED PERSONS DIRECTLY THROUGH LEGAL ASSISTANCE AND REPRESENTATION INCLUDING PALESTINIAN AND OTHER REFUGEES FACING THE THREAT OF DEPORTATION IN THE WAKE OF THE ONGOING CONFLICT AND IN THE CONTEXT OF WAR.

- IN KENYA, HIAS SERVED OVER 3,534 PEOPLE DIRECTLY WITH COMMUNITY-BASED APPROACHES TO BOTH INDIVIDUAL AND GROUP MHPSS SUPPORT.

- IN VENEZUELA, HIAS MET THE WATER, SANITATION, AND HYGIENE NEEDS OF OVER 67,013 DISPLACED PEOPLE.

- IN MEXICO, HIAS DIRECTLY SERVED OVER 25,378 PEOPLE THROUGH ASSISTANCE IN GAINING LEGAL STATUS IN MEXICO; SUPPORTED OVER 5,964 WITH MHPSS; AND PROVIDED OVER 6,322 WITH SERVICES TO PREVENT GBV AND MITIGATE ITS IMPACT.

- IN ECUADOR, HIAS SUPPORTED OVER 137,154 INDIVIDUALS THROUGH ITS COMMUNITY-BASED PROTECTION PROGRAMS. HIAS' ECONOMIC INCLUSION PROGRAMS REACHED OVER 21,375 PEOPLE DIRECTLY AND INDIRECTLY THROUGH ITS FLAGSHIP

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GRADUATION MODEL APPROACH. OVER 60,807 INDIVIDUALS WERE REACHED THROUGH CASH AND VOUCHER ASSISTANCE TO MEET THEIR BASIC NEEDS.

- IN PERU, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO OVER 7,196 PEOPLE TO MEET THEIR BASIC NEEDS. AN ADDITIONAL 2,484 INDIVIDUALS WERE SUPPORTED THROUGH OTHER COMPLEMENTARY ECONOMIC INCLUSION PROGRAMS.

- IN HONDURAS, HIAS PROGRAMS REACHED OVER 3,012 INDIVIDUALS, INCLUDING OVER 1,096 PEOLE THROUGH GBV PREVENTION AND MITIGATION ACTIVITIES.

- IN COSTA RICA, HIAS SUPPORTED NEARLY 19,893 INDIVIDUALS DIRECTLY AND INDIRECTLY THROUGH LEGAL PROTECTION PROGRAMS.

- IN PANAMA, OVER 22,171 PEOPLE WERE REACHED WITH VARIOUS PROGRAMS, INCLUDING OVER 15,866 PEOPLE RECEIVING LEGAL ASSISTANCE.

- IN COLOMBIA, HIAS SERVED OVER 20,662 PEOPLE WITH VARIOUS PROGRAMS, INCLUDING SHELTER, FOOD, PREVENTION OF GBV, AND MHPSS.

- IN ARUBA, HIAS ASSISTED OVER 6628 PEOPLE WITH VARIOUS PROGRAMS, INCLUDING NEARLY 2,400 PEOPLE IN RESPONDING TO AND MITIGATING GBV.

- HIAS' PROGRAMS REACHED OVER 6,613 PEOPLE IN GUYANA, INCLUDING OVER 3,891 PEOPLE WITH GBV PREVENTION SERVICES.

- HIAS SERVED OVER 83,000 PEOPLE FLEEING VIOLENCE IN UKRAINE, POLAND, MOLDOVA, AND ROMANIA.

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

AUSTRIA, CROATIA, ECUADOR, GREECE,

GUATEMALA, PANAMA, SPAIN, PERU,

ARUBA, MEXICO, COSTA RICA, COLOMBIA,

UKRAINE, GUYANA, CHAD, KENYA,

ISRAEL, VENEZUELA

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

Name of the organization: HIAS, INC.

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THE FORM 990 WAS PREPARED AND REVIEWED BY GRF CPAS & ADVISORS. 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 HELD PRIOR TO FILING. THE FORM 990 WAS THEN FILED WITH THE IRS AFTER THAT.

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

ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS SUBMIT WRITTEN DISCLOSURE STATEMENTS ATTESTING THATS/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. 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 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

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COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.

HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET BASED COMPENSATION PRACTICES AND THE ORGANIZATIONS' FINANCIAL RESOURCES. THE 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 SIMILARLY MISSIONED ORGANIZATIONS TO INCLUDE NATIONAL JEWISH LEADERSHIP ORGANIZATIONS AND OTHER REFUGEE RESETTLEMENT AGENCIES. 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. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2023.

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:

Name of the organization: HIAS, INC.

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AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT VA,WV,WI

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

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

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

ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT	752,477.
CHANGE IN MINIMUM PENSION LIABILITY	372,485.
FOREIGN EXCHANGE LOSS	-4,913,618.
TOTAL TO FORM 990, PART XI, LINE 9	-3,788,656.

FORM 990, PART XII, LINE 2B:

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 ONLY FOR ITS U.S. HEADQUARTERS AND FOREIGN BRANCH OFFICES. THE ACTIVITIES OF THE FOREIGN SUBSIDIARIES ARE NOT INCLUDED IN THE FORM 990.

5471 SUPPLEMENTAL STATEMENT:

STATEMENT MADE FOR FORM 5471, INFORMATION RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS WITH RESPECT TO TAXPAYER REGARDING ITS REQUIREMENT TO FILE FORM 5471.

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HIAS, INC. ("TAXPAYER") IS PROTECTIVELY FILING FORMS 5471 REPORTING THE OPERATIONS OF THE FOLLOWING FOREIGN CORPORATIONS, COLLECTIVELY REFERRED TO AS ("FOREIGN NFPS"), WHICH ARE FOREIGN NONPROFIT ORGANIZATIONS:

1) HIAS ARUBA

2) FUNDACION HIAS COLOMBIA

3) HIAS MEXICO A.C.

4) HIAS PERU A.C.

5) HIAS EUROPE

6) HIAS ISRAEL

7) HIAS GUYANA, INC.

8) HIAS VENEZUELA A.C.

9). HIAS GUATEMALA

FOREIGN NFPS ARE NON-STOCK CORPORATIONS ORGANIZED UNDER THEIR LOCAL LAWS. A NON-STOCK CORPORATION IS A CORPORATION THAT DOES NOT HAVE OWNERS REPRESENTED BY SHARES OF STOCK. THEREFORE, NO PARTY (INCLUDING TAXPAYER) MAY HOLD VOTING SHARES IN FOREIGN NFPS. TAXPAYER ALSO HAS NO EQUITY INTEREST IN FOREIGN NFPS, AND, UPON POTENTIAL LIQUIDATION OF FOREIGN NFPS, ALL PROCEEDS MAY BE PROVIDED TO A CHARITY CARRYING ON THE SAME OR SIMILAR MISSION WITHIN THE LOCAL JURISDICTIONS.

IT IS UNCLEAR HOW THE RULES PROVIDED UNDER SECTIONS 951, 957, AND 958 APPLY TO NON-STOCK CORPORATIONS. THEREFORE, ALTHOUGH TAXPAYER BELIEVES IT DOES NOT HAVE A FILING REQUIREMENT UNDER A TECHNICAL APPLICATION OF THE AVAILABLE AUTHORITY, TAXPAYER IS PROTECTIVELY FILING FORMS 5471 LISTING "NONE" AS ITS OWNERSHIP PERCENTAGE ON PAGE 1, ITEM C. EVEN IF

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FOREIGN NFPS WERE TO BE DEEMED CFCS AND TAXPAYER WERE TO BE DEEMED A U.S. SHAREHOLDER OF FOREIGN NFPS, ANY POTENTIAL SUBPART F INCOME (INCLUDING UNDER SECTIONS 951A, 951 AND 956) WOULD BE EXCLUDED FROM TAXPAYER'S CALCULATION OF UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HIAS ECUADOR - 98-1566806 SEE PART VII SEE PART VII, ECUADOR	REFUGEE ASSISTANCE AND PROTECTION	ECUADOR	12,137,511.	11,087,018.	HIAS
HIAS PANAMA - 98-1567109 SEE PART VII SEE PART VII, PANAMA	REFUGEE ASSISTANCE AND PROTECTION	PANAMA	1,774,598.	1,774,275.	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	(g) No
HIAS ISRAEL SEE PART VII SEE PART VII, ISRAEL	REFUGEE ASSISTANCE AND PROTECTION	ISRAEL	501(C)(3)		HIAS	X	
HIAS ARUBA SEE PART VII SEE PART VII, ARUBA	REFUGEE ASSISTANCE AND PROTECTION	ARUBA	501(C)(3)		HIAS	X	
FOUNDATION HIAS COLOMBIA SEE PART VII SEE PART VII, COLOMBIA	REFUGEE ASSISTANCE AND PROTECTION	COLOMBIA	501(C)(3)		HIAS	X	
HIAS GUYANA INC. SEE PART VII SEE PART VII, GUYANA	REFUGEE ASSISTANCE AND PROTECTION	GUYANA	501(C)(3)		HIAS	X	

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	(g) No
HIAS MEXICO A.C. SEE PART VII SEE PART VII, MEXICO	REFUGEE ASSISTANCE AND PROTECTION	MEXICO	501(C)(3)		HIAS	X	
HIAS PERU SEE PART VII SEE PART VII, PERU	REFUGEE ASSISTANCE AND PROTECTION	PERU	501(C)(3)		HIAS	X	
HIAS GUATEMALA SEE PART VII SEE PART VII, GUATEMALA	REFUGEE ASSISTANCE AND PROTECTION	GUATEMALA	501(C)(3)		HIAS	X	
HIAS COSTA RICA SEE PART VII SEE PART VII, COSTA RICA	REFUGEE ASSISTANCE AND PROTECTION	COSTA RICA	501(C)(3)		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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
CHARITABLE REMAINDER UNITRUST (1) SEE PART VII OSSINING, NY 10562	CRUT	NY	N/A	TRUST	134,812.	4,823,352.			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.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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)	HIAS ISRAEL	B	3,548,862.	CASH
(2)	HIAS ARUBA	B	1,118,457.	CASH
(3)	FOUNDATION HIAS COLOMBIA	B	4,685,442.	CASH
(4)	HIAS GUYANA INC.	B	835,922.	CASH
(5)	HIAS MEXICO A.C.	B	789,210.	CASH
(6)	HIAS PERU	B	954,882.	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 COSTA RICA	B	1,483,496.	CASH
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

SCHEDULE R, PARTS II AND IV:

IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT ANTISEMITISM IN THE UNITED STATES AND ABROAD AS DOCUMENTED BY DHS, FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT ANTI-SEMITISM, HIAS IS NOT PROVIDING THE CITY AND STATE ADDRESSES OF OUR U.S. AFFILIATES AND THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY OFFICES.