

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **JAN 1, 2023** and ending **SEP 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HIAS, INC.		D Employer identification number 13-5633307
	Doing business as		E Telephone number (301)844-7300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1300 SPRING STREET		G Gross receipts \$ 128,865,811.
	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
F Name and address of principal officer: MARK HETFIELD SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.HIAS.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		L Year of formation: 1881	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HIAS IS THE GLOBAL JEWISH NGO HELPING THE FORCIBLY DISPLACED FIND SAFETY, WELCOME & OPPORTUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	229
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	145,767,173.	86,326,879.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	675,744.	412,510.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,834,115.	1,318,114.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-88,709.	58,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	149,188,323.	88,116,244.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	53,223,881.	72,159,803.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	41,109,947.	37,210,558.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	9,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,557,408.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,249,115.	21,602,761.
19 Revenue less expenses. Subtract line 18 from line 12	134,582,943.	130,982,122.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	14,605,380.	-42,865,878.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	131,521,986.	94,700,498.
		39,943,693.	40,149,730.
		91,578,293.	54,550,768.

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		
	MARK HETFIELD, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	08/14/2024	<input type="checkbox"/>	P00288314
	Firm's name	Firm's EIN			
	GELMAN, ROSENBERG & FREEDMAN	52-1392008			
	Firm's address	Phone no.			
	4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	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 \$ 68,346,448. including grants of \$ 58,669,302.) (Revenue \$ 412,510.)
U.S. PROGRAM SERVICE ACCOMPLISHMENTS: AS THE OLDEST RESETTLEMENT AGENCY IN THE WORLD AND THE ONLY JEWISH ORGANIZATION DESIGNATED BY THE FEDERAL GOVERNMENT TO UNDERTAKE THIS HUMANITARIAN WORK, HIAS WORKS TO HELP REFUGEES BUILD STABLE LIVES THROUGHOUT THE COUNTRY. DESPITE A RECORD HIGH OF MORE THAN 35 MILLION REFUGEES WORLDWIDE, THE NUMBER OF REFUGEES ALLOWED TO RESETTLE IN THE U.S. WAS CAPPED AT 125,000 IN 2023, ALTHOUGH THE ACTUAL NUMBER RESETTLED WAS ONLY 60,014. WITH FEWER NEW ARRIVALS, HIAS INTENSIFIED OUR WORK ACROSS THE U.S. TO ENHANCE THE ECONOMIC AND SOCIAL INTEGRATION OF REFUGEES AS THEY ADJUST TO AMERICAN LIFE.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 39,020,395. including grants of \$ 13,490,501.) (Revenue \$)
INTERNATIONAL PROGRAM SERVICE ACCOMPLISHMENTS: THE NUMBER OF FORCIBLY DISPLACED PEOPLE CONTINUES TO RISE AROUND THE WORLD. BY THE MIDDLE OF 2023, THERE WERE AN ESTIMATED 110 MILLION FORCIBLY DISPLACED PEOPLE WORLDWIDE, AN INCREASE OF 1.2 MILLION SINCE THE END OF 2022. AT THE SAME TIME, NATIONAL GOVERNMENTS ARE RESPONDING TO MOST CRISES BY REDUCING RESETTLEMENT AND REFUGEE PROTECTION. IN THE COUNTRIES WHERE PROTECTIONS DO EXIST, ASYLUM SEEKERS OFTEN MUST NAVIGATE COMPLEX BUREAUCRATIC AND LEGAL SYSTEMS ALONE TO SECURE BASIC RIGHTS.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
NOTE REGARDING PROGRAMS DESCRIBED ABOVE: THE REVENUE OF \$412,510 REPORTED ABOVE FOR PROGRAM 4A REFERS TO PROGRAM REVENUE REPORTED IN SECTION 2 OF PART VIII, WHICH EQUALS 412,510, AND DOES NOT INCLUDE THE CONTRIBUTION REVENUE FROM OUR DONORS WHICH IS THE PRIMARY WAY IN WHICH OUR PROGRAMS ARE FUNDED.

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

4e Total program service expenses 107,366,843.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 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

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 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.		
	1a		23
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		23
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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?		

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.
 Own website Another's website 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
SABRINA LUSTGARTEN - (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 0.25			X				0.	0.	0.
(2) SABRINA LUSTGARTEN BEJMAN EXECUTIVE VICE PRESIDENT	35.00 0.25			X				0.	0.	0.
(3) LARA MONINGHOFF CHIEF FINANCIAL OFFICER	35.00 0.25			X				0.	0.	0.
(4) JEFFREY BLATTNER CHAIR	15.00	X		X				0.	0.	0.
(5) JANE GINNS VICE CHAIR (THROUGH 06/23)	4.00	X		X				0.	0.	0.
(6) MARC SILBERBERG DIR., THEN VICE CHAIR (BEG. 07/23)	2.00	X		X				0.	0.	0.
(7) PHILIP E. WOLGIN SECRETARY-TREASURER (THROUGH 06/23)	2.00	X		X				0.	0.	0.
(8) LEON RODRIGUEZ DIR., THEN SECY.-TREAS. (BEG. 07/23)	3.00	X		X				0.	0.	0.
(9) JUDITH FRIEDMAN DIRECTOR	6.00	X						0.	0.	0.
(10) JULIUS GENACHOWSKI DIRECTOR	1.00	X						0.	0.	0.
(11) JULIE GERSTEN DIRECTOR	2.00	X						0.	0.	0.
(12) MITCHELL GORDON DIRECTOR	3.00	X						0.	0.	0.
(13) DANIEL GROSSMAN DIRECTOR	2.50	X						0.	0.	0.
(14) STAFFORD FITZGERALD HANEY DIRECTOR	1.00	X						0.	0.	0.
(15) ANDREW HEINRICH DIRECTOR	1.00	X						0.	0.	0.
(16) GARY HIRSCHBERG DIRECTOR	5.00	X						0.	0.	0.
(17) JENNIFER INDIG 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) STEVEN KOLTAI DIRECTOR	1.00	X						0.	0.	0.
(19) ROBYN LAMONT DIRECTOR	1.00	X						0.	0.	0.
(20) MELODY MCCOY DIRECTOR (THROUGH 01/23)	0.25	X						0.	0.	0.
(21) STEPHANIE MUDICK DIRECTOR	1.00	X						0.	0.	0.
(22) TAMAR NEWBERGER DIRECTOR	3.00	X						0.	0.	0.
(23) DORIT PERRY DIRECTOR	2.00	X						0.	0.	0.
(24) RORI PICKER NEISS DIRECTOR	1.00	X						0.	0.	0.
(25) FRANK RISCH DIRECTOR	4.00	X						0.	0.	0.
(26) ILAN ROSENBERG DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	56,668,843.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,658,036.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 532,819.			
	h	Total. Add lines 1a-1f		86,326,879.			
Program Service Revenue	2 a	SERVICE FEES & OTHER REVENUES	Business Code 900099	213,029.	213,029.	0.	
	b	MIGRANT LOAN & PROCESSING FEES	900099	199,481.	199,481.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		412,510.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,816,675.		1816675.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				40,251,006.			
	7 b	Less: cost or other basis and sales expenses		40,749,567.			
	7 c	Gain or (loss)		-498,561.			
d	Net gain or (loss)		-498,561.		-498,561.		
8 a	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						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	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	11 a	FOREIGN EXCHANGE GAIN	Business Code 900099	58,741.		58,741.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		58,741.			
12	Total revenue. See instructions		88,116,244.	412,510.	0.	1376855.	

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	58,004,435.	58,004,435.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	664,867.	664,867.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,490,501.	13,490,501.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,491,346.	186,636.	1,131,790.	172,920.
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	25,858,501.	17,313,928.	6,119,185.	2,425,388.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,048,883.	1,285.	1,047,598.	
9 Other employee benefits	6,166,799.	3,991,329.	1,580,134.	595,336.
10 Payroll taxes	2,645,029.	1,226,957.	1,413,433.	4,639.
11 Fees for services (nonemployees):				
a Management				
b Legal	354,994.	95,538.	245,783.	13,673.
c Accounting	673,000.	11,199.	661,801.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,000.			9,000.
f Investment management fees	376,139.		376,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,744,782.	3,798,974.	1,656,913.	288,895.
12 Advertising and promotion	1,126,421.	941,349.	154,984.	30,088.
13 Office expenses	1,093,106.	338,169.	79,696.	675,241.
14 Information technology	3,020,874.	1,684,847.	1,131,178.	204,849.
15 Royalties				
16 Occupancy	2,220,969.	1,849,825.	350,522.	20,622.
17 Travel	3,321,553.	2,327,083.	908,324.	86,146.
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	1,735,975.	191,710.	1,538,904.	5,361.
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 MEMBERSHIP & SUBS.	743,136.	281,686.	437,171.	24,279.
b PROGRAM SUPPLIES	716,361.	709,360.	7,001.	
c BANK CHARGES & FEES	224,067.	7,599.	215,497.	971.
d DONATED PROGRAM GOODS	185,366.	185,366.		
e All other expenses	66,018.	64,200.	1,818.	
25 Total functional expenses. Add lines 1 through 24e	130,982,122.	107,366,843.	19,057,871.	4,557,408.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	11,911,451.	2	7,270,044.
	3 Pledges and grants receivable, net	16,452,727.	3	11,184,946.
	4 Accounts receivable, net		4	5,754,327.
	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	3,985,659.	9	1,553,750.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 989,467.		
	b Less: accumulated depreciation	10b 855,796.	1,861,963.	10c 133,671.
	11 Investments - publicly traded securities	68,086,057.	11	37,328,255.
	12 Investments - other securities. See Part IV, line 11	24,364,006.	12	23,756,237.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,860,123.	15	7,719,268.
16 Total assets. Add lines 1 through 15 (must equal line 33)	131,521,986.	16	94,700,498.	
Liabilities	17 Accounts payable and accrued expenses	4,299,862.	17	7,373,148.
	18 Grants payable	646,992.	18	7,506,624.
	19 Deferred revenue	16,865,038.	19	3,589,639.
	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		23	2,000,000.
	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	18,131,801.	25	19,680,319.
	26 Total liabilities. Add lines 17 through 25	39,943,693.	26	40,149,730.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,514,561.	27	27,859,308.
	28 Net assets with donor restrictions	34,063,732.	28	26,691,460.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,578,293.	32	54,550,768.
	33 Total liabilities and net assets/fund balances	131,521,986.	33	94,700,498.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,116,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,982,122.
3	Revenue less expenses. Subtract line 2 from line 1	3	-42,865,878.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,578,293.
5	Net unrealized gains (losses) on investments	5	4,638,022.
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	1,200,331.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,550,768.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	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 _____	X	

Form 990 (2023)

08/14/

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.")	52305704.	62631210.	109698212	145767173	86326879.	456729178
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	52305704.	62631210.	109698212	145767173	86326879.	456729178
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.						456729178

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	52305704.	62631210.	109698212	145767173	86326879.	456729178
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	905,641.	2422560.	2669973.	2411680.	1816675.	10226529.
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.)	334,557.	-14,215.	-166,938.	-88,709.	58,741.	123,436.
11 Total support. Add lines 7 through 10						467079143
12 Gross receipts from related activities, etc. (see instructions)					12	3,277,932.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.78	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.47	%
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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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 - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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 2023 COLUMN REPORTING IS FOR A SHORT PERIOD (01/01/2023-09/30/2023)
DUE TO THE ORGANIZATION'S CHANGE IN ACCOUNTING PERIOD.

Horizontal lines for supplemental information.

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization HIAS, INC.	Employer identification number 13-5633307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>29,513,660.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>27,127,665.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,096,795.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,079,959.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HIAS, INC.	Employer identification number 13-5633307
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

(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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization HIAS, INC.	Employer identification number 13-5633307
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,633.													
c	Total lobbying expenditures (add lines 1a and 1b)	4,633.													
d	Other exempt purpose expenditures	130601350.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	130605983.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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	7,963.	3,993.	0.	4,633.	16,589.
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					

Schedule C (Form 990) 2023

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)		(b)
	Yes	No	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 2023, 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, 10 REGIONAL ADVOCACY COALITIONS, AND TENS OF
 THOUSANDS OF ONLINE SUPPORTERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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

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	80,614,436.	63,096,416.	51,927,586.	48,157,515.	40,061,053.
b Contributions	116,710.	27,123,865.	5,593,763.	3,399,128.	1,703,471.
c Net investment earnings, gains, and losses	5,949,288.	-8,059,395.	7,734,564.	4,422,959.	8,254,540.
d Grants or scholarships					
e Other expenditures for facilities and programs	22,139,769.	1,546,450.	2,159,497.	4,052,016.	1,861,549.
f Administrative expenses	34,409,504.				
g End of year balance	30,131,161.	80,614,436.	63,096,416.	51,927,586.	48,157,515.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 78.3300 %
 - b Permanent endowment 21.4200 %
 - c Term endowment .2500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		249,028.	248,106.	922.
e Other		740,439.	607,690.	132,749.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				133,671.

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	23,756,237.	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))	23,756,237.	

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	7,719,268.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,719,268.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT DEPOSITS	4,003,001.
(3) SEVERANCE OBLIGATIONS	2,611,842.
(4) LEASE LIABILITIES - OPERATING	8,368,276.
(5) PENSION OBLIGATIONS	1,957,227.
(6) ANNUITY OBLIGATIONS	2,739,973.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,680,319.

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 13,545,191 OF ASSETS FROM BOARD DESIGNATION; IN ADDITION, A TOTAL OF 20,864,313 OF PRIOR YEAR INVESTMENTS WERE RECLASSIFIED OUT OF ENDOWMENT FUNDS. THE AMOUNT OF ENDOWMENT FUNDS THAT WERE RECLASSIFIED TOTALED 34,409,504, AND THIS AMOUNT IS SHOWN SEPARATELY ON SCHEDULE D, PART V, LINE 1F, ADMINISTRATIVE

Part XIII Supplemental Information (continued)

EXPENSES.

IN ADDITION, THE ORGANIZATION MADE A 20,100,000 SEED GRANT TO FUND A NEW PRIVATE FOUNDATION, HIAS 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? **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		556,915.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		6,731,839.
MIDDLE EAST AND NORTH AFRICA	1	36	GRANTS TO RECIPIENTS LOCATED IN THE REGION		63,719.
NORTH AMERICA	2	94	GRANTS TO RECIPIENTS LOCATED IN THE REGION		173,099.
THE POST-SOVIET INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,814,741.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,150,188.
CENTRAL AMERICA AND THE CARIBBEAN	1	2	PROGRAM SERVICES	REFUGEE ASSISTANCE	1,439,714.
EUROPE (INCLUDING ICELAND & GREENLAND)	5	12	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,573,651.
3 a Subtotal	9	144			17,503,866.
b Total from continuation sheets to Part I	4	445			9,342,289.
c Totals (add lines 3a and 3b)	13	589			26,846,155.

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

Schedule F (Form 990) 2023

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
THE POST-SOVIET INDEPENDENT STATES	2	62	PROGRAM SERVICES	REFUGEE ASSISTANCE	2,233,179.
SOUTH AMERICA	2	383	PROGRAM SERVICES	REFUGEE ASSISTANCE	7,109,110.
Totals	4	445			9,342,289.

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)
		CENTRAL AMERICA AND THE CARIBBEAN	BHA HONDURAS 22/EMPOWERMENT THROUGH PROTECTION, DEVELOPS ENDURING	471,633.	CASH / WIRE / CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY RESPONSE/SUPPORT REFUGEES	50,089.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS UKRAINE FUND/SUPPORT REFUGEES	387,713.	CASH / WIRE / CHECK	0.		
		EUROPE	HE UNRESTRICTED/SUPPORT REFUGEES	1269750.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS HIAS EUROPE FUND/SUPPORT REFUGEES	758,744.	CASH / WIRE / CHECK	0.		
		EUROPE	NEW OPERATIONS FUND/SUPPORT REFUGEES	84,440.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS /SUPPORT UKRAINE REFUGEES	467,483.	CASH / WIRE / CHECK	0.		
		EUROPE	INFORMATION TECHNOLOGY	76,399.	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 31

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 HQ SUPPORT FUND/SUPPORT UKRAINE REFUGEES	873,578.	CASH / WIRE / CHECK	0.		
		EUROPE	AIRBNB _FY 22/23_ POLAND/SUPPORT ORGANIZATIONS RESPONSE TO THE	427,598.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS POLAND FUND/SUPPORT REFUGEES	774,133.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE REFUGEE RELIEF CJP/SUPPORT REFUGEES	25,236.	CASH / WIRE / CHECK	0.		
		EUROPE	AIRBNB UKRAINE CRISIS FY22/SUPPORT ORGANIZATIONS RESPONSE TO THE	334,260.	CASH / WIRE / CHECK	0.		
		EUROPE	UKRAINE CRISIS ROMANIA FUND/SUPPORT REFUGEES	350,983.	CASH / WIRE / CHECK	0.		
		EUROPE	UJA NY UKRAINE CRISIS FY22-01/DONATION TO SUPPORT UKRAINE CRISIS	429,372.	CASH / WIRE / CHECK	0.		
		EUROPE	JFNA-WELCOME CIRCLES '23/WELCOME CIRCLES IN EUROPEAN CITIES	105,909.	CASH / WIRE / CHECK	0.		
		EUROPE	AFRICA/EURASIA PROGRAMS UR/SUPPORT REFUGEES	30,000.	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)
		MIDDLE EAST AND NORTH AFRICA	TURKEY CRISIS/SUPPORT REFUGEE	63,719.	CASH / WIRE / CHECK	0.		
		NORTH AMERICA	PRM_2023_MEXICO/REFUGEES, ASYLUM SEEKERS, AND VULNERABLE MIGRANTS IN MEXICO	167,234.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	BHA_UKRAINE_FY22/23, PROTECTING LIVES WITH INTEGRATED MULTI-SECTOR	586,620.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS R2P/SUPPORT REFUGEE	13,542.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS UKRAINE FUND/SUPPORT REFUGEES	567,024.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS /SUPPORT REFUGEES	1833925.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS HQ SUPPORT FUND/SUPPORT REFUGEES	16,992.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS POLAND FUND/SUPPORT REFUGEES	132,832.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UKRAINE CRISIS MOLDOVA FUND/SUPPORT REFUGEES	115,756.	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)
		THE POST-SOVIET INDEPENDENT STATES	RESEARCH, EVIDENCE, ADVOCACY, AND POLICY/SUPPORT REFUGEES	17,315.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	UJA NY UKRAINE CRISIS FY22-03/DONATION TO SUPPORT UKRAINE CRISIS	158,793.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	LA LUZ PHILANTHROPY/TO SUPPORT FOR UKRAINE CRISIS IN POLAND,	22,500.	CASH / WIRE / CHECK	0.		
		THE POST-SOVIET INDEPENDENT STATES	CIRCLE OF SERVICE FOUNDATION-UKRAINE 2023/24, EMERGENCY RESPONSE SUPPORT TO	85,000.	CASH / WIRE / CHECK	0.		
		SOUTH AMERICA	FY 23 REGIONAL GBV (YEAR 2)/ENHANCE SOCIAL AND ECONOMIC PROTECTION OF WOMEN,	65,000.	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)
CFLI (DFATD) 2023-24 PANAMA/AUTONOMY AND ECONOMIC EMPOWERMENT OF MIGRANT WOMEN AND ADOLESCENTS, ASYLUM	CENTRAL AMERICA AND THE CARIBBEAN	73	365.	CASH / WIRE / CHECK	0.		
CONRAD N. HILTON FNDN 22-24 PANAMA COLOMBIA CR/GRANT FUNDS WILL BE USED OVER TWO YEARS TO PROVIDE DIGNITY	CENTRAL AMERICA AND THE CARIBBEAN	1	50.	CASH / WIRE / CHECK	0.		
PA EMPRENDEDORES BANESCO_2022_PANAMA/PROMOTE THE PRODUCTIVE AND FINANCIAL INCLUSION OF THE MIGRANT AND	CENTRAL AMERICA AND THE CARIBBEAN	30	15,000.	CASH / WIRE / CHECK	0.		
UNFUNDED OPERATIONS, SUPPORT TO THE REFUGEES	CENTRAL AMERICA AND THE CARIBBEAN	41	731.	CASH / WIRE / CHECK	0.		
UNHCR_2023_PANAMA/PROTECTION AND SOCIO-ECONOMIC INTEGRATION OF PEOPLE PROTECTED BY UNHCR	CENTRAL AMERICA AND THE CARIBBEAN	948	18,919.	CASH / WIRE / CHECK	0.		
UNICEF_2022-23_PANAMA/CHILD PROTECTION, GBV PROTECTION AND SANITATION SERVICES FOR CHILDREN, ADOLESCENTS AND	CENTRAL AMERICA AND THE CARIBBEAN	16	128.	CASH / WIRE / CHECK	0.		
AIRBNB_FY 22/23_ POLAND/PROVIDE LODGING TO REFUGEE MIGRATED DUE TO CRISIS IN THE COUNTRY	EUROPE	1	153,742.	CASH / WIRE / CHECK	0.		
GR IRUSA 22.24/ENHANCING REFUGEE RIGHTS AND PROTECTION	EUROPE	337	2,378.	CASH / WIRE / CHECK	0.		
HE UNRESTRICTED, SUPPORT TO THE REFUGEES	EUROPE	12	130.	CASH / WIRE / CHECK	0.		

Schedule F (Form 990) 2023

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)
HIAS EUROPE 2023-GREECE/LEGAL AND MHPSS SERVICES TO ASYLUM SEEKERS AND REFUGEES IN GREECE	EUROPE	6	25.	CASH / WIRE / CHECK	0.		
JOHN PRITZKER FAMILY FOUNDATION UKRAINE CRISIS FY22/DONATION FOR UKRAINE CRISIS	EUROPE	227	174,985.	CASH / WIRE / CHECK	0.		
JEWES IN LATIN AMERICA, SUPPORT TO THE REFUGEES	NORTH AMERICA	1	2,279.	CASH / WIRE / CHECK	0.		
BHA UKRAINE_FY22/23, UKRAINE PROTECTION CONSORTIUM - PROTECTING LIVES WITH INTEGRATED MULTI-SECTOR	THE POST-SOVIET UNION INDEPENDENT STATES	7,159	256,799.	CASH / WIRE / CHECK	0.		
UJA NY UKRAINE CRISIS FY22-03/DONATION TO SUPPORT UKRAINE CRISIS	THE POST-SOVIET UNION INDEPENDENT STATES	1,550	7,644.	CASH / WIRE / CHECK	0.		
BHA ECUADOR/RESPOND TO THE NEEDS OF PEOPLE AFFECTED AS A RESULT OF THE 6.7 MAGNITUDE EARTHQUAKE ON MARCH 18, 2023	SOUTH AMERICA	170	78,320.	CASH / WIRE / CHECK	0.		
BHA ECUADOR - NFI/RESPOND TO THE NEEDS OF PEOPLE AFFECTED AS A RESULT OF THE 6.7 MAGNITUDE EARTHQUAKE ON MARCH	SOUTH AMERICA	578	15,000.	CASH / WIRE / CHECK	0.		
COLUMBIA GRAND CHALLENGES (ECUADOR)/DESIGNING A MULTISECTORAL SYSTEM OF CARE TO IMPROVE MENTAL HEALTH AND	SOUTH AMERICA	21	3,006.	CASH / WIRE / CHECK	0.		
CONRAD N. HILTON FOUNDATION ECUADOR/SUPPORTING PATHWAYS FOR SUSTAINABLE LIVELIHOODS	SOUTH AMERICA	128	19,065.	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)
COSUDE FY23.FY25/GENDER-BASED VIOLENCE	SOUTH AMERICA	1	14.	CASH / WIRE / CHECK	0.		
CUSO FY 22/VOCATIONAL TRAINING	SOUTH AMERICA	146	3,720.	CASH / WIRE / CHECK	0.		
EC DEVCO 21/SUPPORTING HOSTING COMMUNITIES AND INTEGRATION OF VENEZUELAN REFUGEES, IN CUENCA AND SANTO	SOUTH AMERICA	790	162,030.	CASH / WIRE / CHECK	0.		
EC HILTON - FEDEXPOR - .23.25/SUPPORT THE SOCIOECONOMIC INTEGRATION OF REFUGEES, VULNERABLE HOST	SOUTH AMERICA	15	910.	CASH / WIRE / CHECK	0.		
EC IOM 23/PROVIDING HUMANITARIAN ASSISTANCE SOLUTIONS FOR PEOPLE IN THE PROCESS OF MIGRATING TO THIRD	SOUTH AMERICA	172	13,581.	CASH / WIRE / CHECK	0.		
EC UNHCR DAFI FY 23/UNIVERSITY SCHOLARSHIP PROGRAMME FOR REFUGEES IN ECUADOR.	SOUTH AMERICA	68	123,358.	CASH / WIRE / CHECK	0.		
EC UNICEF 22/SOCIAL INCLUSION AND PROTECTION PROGRAM FOR GIRLS IN HUMAN MOBILITY FROM VENEZUELA.	SOUTH AMERICA	64	11,542.	CASH / WIRE / CHECK	0.		
EC UNICEF FY 23/SOCIAL INCLUSION WITH EMPHASIS ON CHILD PROTECTION, CARE, SUPPORT, PROMOTION AND	SOUTH AMERICA	713	299,095.	CASH / WIRE / CHECK	0.		
EC WFP .22.23/PROVIDING FOOD ASSISTANCE THROUGH CASH-BASED VOUCHER TRANSFERS AND DELIVERING FOOD TO	SOUTH AMERICA	67	335.	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	440	239,550.	CASH / WIRE / CHECK	0.		
FY 23 ECUADOR PRM/PROTECTION FOR VULNERABLE REFUGEES AND MIGRANTS IN ECUADOR. ENSURE VULNERABLE REFUGEES AND	SOUTH AMERICA	2,113	369,508.	CASH / WIRE / CHECK	0.		
FY 23 REGIONAL GBV (YEAR 2)/ENHANCE SOCIAL AND ECONOMIC PROTECTION OF WOMEN, ADOLESCENT GIRLS, SURVIVORS,	SOUTH AMERICA	3,152	463,412.	CASH / WIRE / CHECK	0.		
FY 23 UNHCR - ECUADOR/PROTECTION AND HUMANITARIAN ASSISTANCE FOR PEOPLE IN HUMAN MOBILITY IN	SOUTH AMERICA	4,385	278,742.	CASH / WIRE / CHECK	0.		
FY 23 VENEZUELA PRM/PROTECTION AND LEGAL ASSISTANCE FOR VULNERABLE COLOMBIAN REFUGEES, ASYLUM	SOUTH AMERICA	1	41.	CASH / WIRE / CHECK	0.		
FY 24 ECUADOR PRM/PROVIDE INCREASING PROTECTION FOR REFUGEES, MIGRANTS AND VULNERABLE LOCAL POPULATIONS	SOUTH AMERICA	10	381.	CASH / WIRE / CHECK	0.		
LATIN AMERICA PROGRAMS, SUPPORT TO REFUGEES	SOUTH AMERICA	1	102.	CASH / WIRE / CHECK	0.		
UNFUNDED OPERATIONS, SUPPORT TO THE REFUGEES	SOUTH AMERICA	44	3,474.	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)* 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 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)* 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 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)* 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 No

Schedule F (Form 990) 2023

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: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: BHA HONDURAS 22/EMPOWERMENT THROUGH PROTECTION, DEVELOPS ENDURING RESILIENCE

REGION: EUROPE

(D) PURPOSE OF GRANT: AIRBNB _FY 22/23_ POLAND/SUPPORT ORGANIZATIONS RESPONSE TO THE CURRENT CRISIS IN UKRAINE TO PROVIDE LODGING TO REFUGEES

REGION: EUROPE

(D) PURPOSE OF GRANT: AIRBNB UKRAINE CRISIS FY22/SUPPORT ORGANIZATIONS RESPONSE TO THE CURRENT CRISIS IN UKRAINE TO PROVIDE LODGING TO REFUGEES

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: PRM_2023_MEXICO/REFUGEES, ASYLUM SEEKERS, AND VULNERABLE MIGRANTS IN MEXICO MEET THEIR MOST URGENT NEEDS AND INCREASE THEIR OPPORTUNITIES FOR INTERIM AND DURABLE SOLUTIONS.

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: THE POST-SOVIET INDEPENDENT STATES

(D) PURPOSE OF GRANT: BHA_UKRAINE_FY22/23, PROTECTING LIVES WITH INTEGRATED MULTI-SECTOR ASSISTANCE (UPC-PRIMA)

REGION: THE POST-SOVIET INDEPENDENT STATES

(D) PURPOSE OF GRANT: LA LUZ PHILANTHROPY/TO SUPPORT FOR UKRAINE CRISIS IN POLAND, UKRAINE, MOLDOVA, AND ROMANIA

REGION: THE POST-SOVIET INDEPENDENT STATES

(D) PURPOSE OF GRANT: CIRCLE OF SERVICE FOUNDATION-UKRAINE 2023/24, EMERGENCY RESPONSE SUPPORT TO LOCAL WOMENS CSOS IN UKRAINE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: FY 23 REGIONAL GBV (YEAR 2)/ENHANCE SOCIAL AND ECONOMIC PROTECTION OF WOMEN, ADOLESCENT GIRLS, SURVIVORS, AND INDIVIDUALS IDENTIFYING AS LGBTIQ+, THROUGH A REGIONAL CONTINUUM OF CARE AND SUPPORT.

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: CONRAD N. HILTON FNDN 22-24 PANAMA

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.

COLOMBIA CR/GRANT FUNDS WILL BE USED OVER TWO YEARS TO PROVIDE DIGNITY
KITS, MENTAL HEALTH/PSYCHOSOCIAL SUPPORT, AND IMMEDIATE MEDICAL AID FOR
GENDER-BASED VIOLENCE SURVIVORS IN DARIN PROVINCE, PANAMA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: PA EMPRENDEDORES

BANESCO_2022_PANAMA/PROMOTE THE PRODUCTIVE AND FINANCIAL INCLUSION OF THE
MIGRANT AND REFUGEE POPULATION, WOMEN, AND HOST COMMUNITIES IN VULNERABLE
SITUATIONS IN PANAMA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: UNICEF_2022-23_PANAMA/CHILD PROTECTION,
GBV PROTECTION AND SANITATION SERVICES FOR CHILDREN, ADOLESCENTS AND
THEIR FAMILIES FROM MIGRANTS AND HOST COMMUNITIES IN THE MIGRATION
RECEPTION STATIONS OF THE PROVINCE OF CHIRIQU

REGION: THE POST-SOVIET UNION INDEPENDENT STATES

(A) TYPE OF GRANT OR ASSISTANCE: BHA_UKRAINE_FY22/23, UKRAINE PROTECTION
CONSORTIUM - PROTECTING LIVES WITH INTEGRATED MULTI-SECTOR ASSISTANCE

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: BHA ECUADOR - NFI/RESPOND TO THE NEEDS
OF PEOPLE AFFECTED AS A RESULT OF THE 6.7 MAGNITUDE EARTHQUAKE ON MARCH
18, 2023.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: COLUMBIA GRAND CHALLENGES

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.

(ECUADOR)/DESIGNING A MULTISECTORAL SYSTEM OF CARE TO IMPROVE MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING AMONG DISPLACED POPULATIONS.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC DEVCO 21/SUPPORTING HOSTING COMMUNITIES AND INTEGRATION OF VENEZUELAN REFUGEES, IN CUENCA AND SANTO DOMINGO.

REGION: SOUTH AMERICA

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

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: EC UNICEF FY 23/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 .22.23/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: FY 23 ECUADOR PRM/PROTECTION FOR VULNERABLE REFUGEES AND MIGRANTS IN ECUADOR. ENSURE VULNERABLE REFUGEES AND MIGRANTS ARE PROTECTED, FREE FROM VIOLENCE, AND ACCESS RIGHTS TO ALLOW THEM TO LIVE IN DIGNITY.

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: FY 23 REGIONAL GBV (YEAR 2)/ENHANCE SOCIAL AND ECONOMIC PROTECTION OF WOMEN, ADOLESCENT GIRLS, SURVIVORS, AND INDIVIDUALS IDENTIFYING AS LGBTIQ+, THROUGH A REGIONAL CONTINUUM OF CARE AND SUPPORT.

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 23 VENEZUELA PRM/PROTECTION AND LEGAL ASSISTANCE FOR VULNERABLE COLOMBIAN REFUGEES, ASYLUM SEEKERS AND HOST COMMUNITIES TO ACCESS RIGHTS AND SERVICES

REGION: SOUTH AMERICA

(A) TYPE OF GRANT OR ASSISTANCE: FY 24 ECUADOR PRM/PROVIDE INCREASING PROTECTION FOR REFUGEES, MIGRANTS AND VULNERABLE LOCAL POPULATIONS IN ECUADOR

**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? **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
AMERICAN BAR ASSOCIATION COMMISSION ON IMMIGRATION - 1050 CONNECTICUT AVE. NW SUITE 400 - WASHINGTON, DC 20036	36-6110299	501(C)(3)	64,014.	0.			LEGAL ASSISTANCE TO REFUGEES
AMERICAN UNIVERSITY, WASHINGTON COLLEGE OF LAW - 4300 NEBRASKA AVE NW ROOM Y246 - WASHINGTON, DC 20016	53-0196549	501(C)(3)	20,187.	0.			ASSISTANCE TO REFUGEES
ASYLUM SEEKER ASSISTANCE PROJECT 2121 DECATUR PL, NW, SUITE 4 WASHINGTON, DC 20008	81-3205931	501(C)(3)	174,122.	0.			HUMANITARIAN ASSISTANCE
AYUDA 1990 K STREET, NW, SUITE 500 WASHINGTON, DC 20006	52-0971440	501(C)(3)	146,351.	0.			ASSISTANCE TO REFUGEES
CADENA FOUNDATION INC 2719 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	81-2702562	501(C)(3)	36,411.	0.			HUMANITARIAN PROGRAM
CAROLINA REFUGEE RESETTLEMENT AGENCY - 5009 MONROE RD STE. 100 - CHARLOTTE, NC 28205	30-0577219	501(C)(3)	1,307,894.	0.			RESETTLEMENT AND PLACEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**

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

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

Schedule I (Form 990) 2023

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
CETA GLOBAL INC 2925 RICHMOND AVE, SUIT 1200 HOUSTON, TX 77098	86-3608060	501(C)(3)	175,000.	0.			PSYCHOSOCIAL SUPPORT
COMMONPOINT QUEENS - O 77-17 QUEENS BLVD ELMHURST, NY 11373	11-3071518	501(C)(3)	2,394,352.	0.			RESETTLEMENT AND PLACEMENT
CONGREGATION B'NAI EMUNAH 1719 S OWASSO AVE TULSA, OK 74120	73-6004597	501(C)(3)	643,435.	0.			RESETTLEMENT AND PLACEMENT
GIVING BACK FUND, INC 208 CANYONBACK RD LOS ANGELES, CA 90049	04-3367888	501(C)(3)	750,000.	0.			GENDER BASED VIOLENCE SUPPORT
GULF COAST JEWISH FAMILY & COMMUNITY SERVICES - 14041 ICOT BLVD. - CLEARWATER, FL 33760	59-1229354	501(C)(3)	3,814,283.	0.			RESETTLEMENT AND PLACEMENT
HIAS ECONOMIC ADVANCEMENT FUND 1300 SPRING ST SUITE 200 SILVER SPRING, MD 20910	88-0984307	501(C)(3)	601,924.	0.			FINANCIAL ASSISTANCE TO ENTREPRENEURS REFUGEES & GENERAL SUPPORT
HIAS PENNSYLVANIA 600 CHESTNUT ST., 500B PHILADELPHIA, PA 19106	21-1405597	501(C)(3)	1,795,369.	0.			RESETTLEMENT AND PLACEMENT
ISLAMIC RELIEF USA 3655 WHEELER AVE. ALEXANDRIA, VA 22304	95-4453134	501(C)(3)	81,925.	0.			ASSISTANCE TO REFUGEES
JEWISH CHILD & FAMILY SERVICES, CHICAGO - 5150 GOLF ROAD - SKOKIE, IL 60077	36-2167757	501(C)(3)	725,661.	0.			RESETTLEMENT AND PLACEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY ALLIANCE OF SOUTHERN MAINE - 1342 CONGRESS ST - PORTLAND, ME 04102	01-0530420	501(C)(3)	468,682.	0.			RESETTLEMENT AND PLACEMENT
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA - 12000 BISCAYNE BLVD, SUITE 303 - MIAMI, FL 33181	59-0637867	501(C)(3)	722,933.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY & COMMUNITY SERVICES OF EAST BAY - 2484 SHATTUCK AVE., #210 - BERKELEY, CA 94704	94-3250304	501(C)(3)	3,187,652.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY & COMMUNITY SERVICES OF PITTSBURGH - 5743 BARTLETT STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	1,733,979.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY AND CHILDRENS SERVICES OF SOUTHERN ARIZONA - TUCSON - 4301 EAST 5TH STREET - TUCSON, AZ 85711	86-0623896	501(C)(3)	867,967.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DR DENVER, CO 80231	84-0402701	501(C)(3)	369,431.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF COLUMBUS 1070 COLLEGE AVE COLUMBUS, OH 43209	31-4379497	501(C)(3)	346,866.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC. - 3333 N FRONT ST - HARRISBURG, PA 17110	23-2894802	501(C)(3)	356,115.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	1,575,044.	0.			RESETTLEMENT AND PLACEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501(C)(3)	438,734.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF GREENWICH - 67 HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590	501(C)(3)	799,686.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF METROWEST - 475 FRANKLIN STREET - FRAMINGHAM, MA 01702	04-2730898	501(C)(3)	318,542.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF SEATTLE 1209 CENTRAL AVE S. #134 KENT, WA 98032	91-0565537	501(C)(3)	2,146,438.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF SILICON VALLEY - 14855 OKA ROAD, SUITE 202 - LOS GATOS, CA 95032	94-2536452	501(C)(3)	1,148,632.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 SOUTH STATE STREET, STE 200 - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	3,428,946.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	1,567,029.	0.			RESETTLEMENT AND PLACEMENT
JEWISH FAMILY SERVICES OF WESTERN NEW YORK - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	4,290,748.	0.			RESETTLEMENT AND PLACEMENT
JEWISH SOCIAL SERVICES OF MADISON 6434 ENTERPRISE LANE MADISON, WI 53719	39-1300430	501(C)(3)	510,067.	0.			RESETTLEMENT AND PLACEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
L'ARCHE USA 2475 SE LADD AVE SUITE 430 PORTLAND, OR 97214	91-1355711	501(C)(3)	22,750.	0.			HUMANITARIAN PROGRAM
MAY DUGAN CENTER 4115 BRIDGE AVE CLEVELAND, OH 44113	23-7061949	501(C)(3)	24,685.	0.			RESETTLEMENT AND PLACEMENT
REFUGEPOINT, INC. 89 SOUTH STREET, SUITE 802 BOSTON, MA 02111	20-2061482	501(C)(3)	217,552.	0.			RESETTLEMENT AND PLACEMENT
SOCIAL GOOD FUND 3 N COLUMBUS BLVD #224 PHILADELPHIA, PA 19106	46-1323531	501(C)(3)	132,138.	0.			HUMANITARIAN PROGRAM
TEXAS RIOGRANDE LEGAL AID, INC 301 S. TEXAS AVE. MERCEDDES, TX 78570	74-1675230	501(C)(3)	55,089.	0.			LEGAL ASSISTANCE TO REFUGEES
THE JEWISH FEDERATION OF NORTH AMERICA, INC - 25 BROADWAY STE 1700 - NEW YORK, NY 10004	13-1624240	501(C)(3)	39,600.	0.			RESETTLEMENT AND PLACEMENT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET, 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)(3)	14,931.	0.			RESEARCH
US TOGETHER, INC. 1415 E DUBLIN-GRANVILLE RD, SUITE 1 COLUMBUS, OH 43229	83-0395108	501(C)(3)	380,210.	0.			RESETTLEMENT AND PLACEMENT
HIAS FOUNDATION 1300 SPRING ST SUITE 200 SILVER SPRING, MD 20910	87-4477821	501(C)(3)	20,100,000.	0.			GENERAL OPERATION SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MATCHING GRANT - DIRECT CLIENT ASSISTANCE	12	6,084.	0.		
R&P PROGRAM - RESETTLEMENT AND PLACEMENT FOR REFUGEES	3	73,808.	0.		
GENERAL UNRESTRICTED - SUPPORT TO THE REFUGEES	2	3,800.	0.		
AIRBNB - PROVIDING INITIAL LODGING FOR REFUGEES ENTERING UNITED STATES	98	157,875.	0.		
AIRBNB AFGHAN SIVS - PROVIDING INITIAL LODGING FOR AFGHAN REFUGEES ENTERING UNITED STATES	169	330,000.	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
AIRBNB UKRAINE CRISIS - PROVIDING INITIAL LODGING FOR UKRANIAN REFUGEES ENTERING UNITED STATES	1.	114.	0.		
IDA CHARLOTTE - INITIAL ASSISTANCE FOR REFUGEES	130.	89,163.	0.		
MORA ASYLEE OUTREACH PROJECT (AOP) - GRANT IS TO ENSURE ACCESS TO COMMUNITY RESOURCES, SUPPORT SERVICES, AND LEGAL SERVICES FOR NEWLY-GRANTED ASYLEES	32.	3,750.	0.		
LEGAL POOL - SUPPORT FOR REFUGEES	1.	273.	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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2023

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				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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. HOUSING ALLOWANCE AND TAX GROSS-UP
PAYMENTS PROVIDED TO EXPATRIATE EMPLOYEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	23	347,453.	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				
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 (FAMILY EMERGENC)	X	3	185,366.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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**

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?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

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 INCLUDES THE NUMBER OF DONATIONS RECEIVED.

Multiple horizontal lines for data entry.

**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 1, FINANCIAL SUMMARY

HIAS INC. CHANGED ITS REPORTING PERIOD FROM A DECEMBER 31 YEAR-END TO A
SEPTEMBER 30 YEAR-END DURING THE CURRENT YEAR. THIS FORM 990 ONLY
COVERS A 9-MONTH PERIOD, FROM JANUARY 1, 2023 TO SEPTEMBER 30, 2023.
AS A CONSEQUENCE, THIS RESULTED IN CERTAIN FLUCTUATIONS IN HIAS'S
INCOME AND EXPENSE DURING THE CURRENT 9-MONTH PERIOD IN COMPARISON TO
THE FULL YEAR (JANUARY 1, 2022 TO DECEMBER 31, 2022) SHOWN ON PAGE 1 OF
THE FORM 990 IN THE PRIOR YEAR COLUMN:

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

2) DURING THE CURRENT 9-MONTH PERIOD, HIAS MADE TWO ONE-TIME LARGE
GRANTS, TOTALING \$20,513,540, TO PROVIDE SEED FUNDING TO TWO NEW
NOT-FOR-PROFIT ORGANIZATIONS: HIAS FOUNDATION, FOR \$20,100,000, AND
HIAS ECONOMIC ADVANCEMENT FUND, FOR \$413,540;

3) PARTIALLY BECAUSE OF THE DECREASED REVENUE AND THE PAYMENT OF THE
GRANTS MENTIONED ABOVE, THE ORGANIZATION'S NET ASSETS, AS REPORTED ON
LINE 22 OF PAGE 1, DECREASED BY A TOTAL OF APPROXIMATELY 37 MILLION FOR
THE 9-MONTH PERIOD ENDING SEPTEMBER 30, 2023.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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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 110 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 MORE THAN 20 OTHER COUNTRIES, PROVIDING VITAL SERVICES TO REFUGEES AND VULNERABLE MIGRANTS SO THEY CAN REBUILD THEIR LIVES. WITH THE AMERICAN JEWISH COMMUNITY BESIDE US, WE ADVOCATE FOR THE RIGHTS OF FORCIBLY DISPLACED PEOPLE OF ALL FAITHS, NATIONALITIES, AND ETHNIC BACKGROUNDS.

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

THROUGH OUR NATIONAL RESETTLEMENT NETWORK OF 31 AFFILIATES, HIAS PROVIDED CLIENTS WITH NEW PROGRAMMING AND RESOURCES TO SUPPORT THEIR FULL ECONOMIC AND SOCIAL INCLUSION IN THE UNITED STATES.

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

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

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

HIAS OFFERS PRO BONO LEGAL SERVICES TO REFUGEES, ASYLUM SEEKERS AND 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. IN 2023, HIAS DIRECTLY, OR THROUGH PRO BONO ATTORNEYS, SERVED APPROXIMATELY 2,000 CLIENTS, OF WHICH OVER 1,000 WERE RETAINED FOR FULL OR LIMITED SCOPE REPRESENTATION. IN 2023, HIAS' SOCIAL SERVICES TEAM, DEVELOPED IN 2022, WHICH PROVIDES COMPREHENSIVE AND COMPLEMENTARY SERVICES, INCLUDING CLINICAL CASE MANAGEMENT AND A ROBUST VOLUNTEER/COMMUNITY SUPPORT PROGRAM TO SUPPORT LEGAL CLIENTS, IN ADDITION TO OUR EXISTING ASYLEE OUTREACH PROJECT, SERVED 283 INDIVIDUALS. 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.

ADVOCACY IS FUNDAMENTAL TO OUR WORK. WE ADVOCATE FOR THE RIGHTS OF FORCIBLY DISPLACED PEOPLE AND LEAD THE JEWISH MOVEMENT FOR REFUGEES AND ASYLUM SEEKERS. WE EDUCATE, ORGANIZE, AND MOBILIZE AMERICAN JEWS TO PUT

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THEIR VALUES INTO ACTION AND ADVOCATE FOR REFUGEES IN THE U.S. AND GLOBALLY. WE WORK WITH GRASSROOTS ADVOCATES, OPINION LEADERS, LEGISLATORS, AND POLICYMAKERS TO PROTECT AND ADVANCE POLICIES THAT PROMOTE FAIR AND HUMANE ASYLUM LAWS, REFUGEE RESETTLEMENT, AND INTEGRATION POLICIES. WE FUEL THE JEWISH RESPONSE TO THE GLOBAL REFUGEE CRISIS BY EQUIPPING CLERGY, LEADERSHIP, CONGREGATIONS, AND INDIVIDUALS WITH THE TOOLS AND IDEAS TO FIGHT FOR THE RIGHTS OF ASYLUM SEEKERS LOCALLY AND HOLD ELECTED OFFICIALS ACCOUNTABLE. OUR ADVOCACY TEAM WORKS IN WASHINGTON, D.C., DIRECTLY ENGAGING WITH CONGRESS AND THE ADMINISTRATION TO EXPAND THE RIGHTS AND PROTECTIONS OF REFUGEES NATIONWIDE.

STATEWIDE COALITIONS AND LOCAL PARTNERSHIPS FUEL HIAS' WORK IN THE COMMUNITY AT THE GRASSROOTS LEVEL ACROSS THE NATION. THROUGHOUT THE COUNTRY, AND WITH THE FOCUSED WORK OF OUR ESTABLISHED REGIONAL OUTREACH PROGRAMS IN THE WASHINGTON, D.C. AREA, NEW YORK, AND LOS ANGELES, HIAS ENGAGES WITH A BROAD RANGE OF ORGANIZATIONS AND LEADERS ACROSS THE COUNTRY TO EDUCATE COMMUNITIES ABOUT THE ISSUES FACING REFUGEES AND ASYLUM SEEKERS AND MOBILIZE SUPPORT TO ADVANCE THEIR RIGHTS.

IN 2023, HIAS LED OR WAS PART OF 125 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND BRIEFINGS. HIAS DEVELOPED THREE MAJOR GRASSROOTS ADVOCACY CAMPAIGNS AND DOZENS OF ONLINE ACTIONS AND PETITIONS, ENGAGING TENS OF THOUSANDS. IN 2023, 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. ADDITIONALLY, HIAS TOOK A LEADERSHIP ROLE IN THE LAUNCH OF THE NEW PRIVATE SPONSORSHIP PROGRAM OF THE USG, WELCOME

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CORPS, AND THROUGH THAT CONTINUED TO SUPPORT CONGREGATIONS IN SPONSORING REFUGEE FAMILIES. FURTHERMORE, HIAS ORGANIZED A CLERGY DELEGATION PROGRAM TO THE U.S.-MEXICO BORDER.

FORM 990, PART III, LINE 4B, 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, LIKE PREVENTION OF GENDER BASED VIOLENCE (GBV) AND HELP FOR SURVIVORS, ECONOMIC INTEGRATION ASSISTANCE, LEGAL AID, AND PSYCHOSOCIAL CARE, IN ORDER TO GAIN GREATER STABILITY AND REBUILD THEIR LIVES.

AT HIAS, WE HAVE SEEN THROUGHOUT OUR HISTORY THAT REFUGEES AND THEIR FAMILIES MAKE VALUABLE CONTRIBUTIONS TO OUR COMMUNITIES. THEY SEIZE OPPORTUNITIES THAT THE RIGHTS TO LIVE, WORK, AND LEARN IN SAFETY AND FREEDOM OFFER TO REBUILD THEIR LIVES AND THRIVE. AS A FAITH-BASED AGENCY, HIAS TAKES PURSUES FAITH-SENSITIVE APPROACHES IN SERVING FORCIBLY DISPLACED PERSONS.

HIAS PARTNERS CLOSELY WITH DOMESTIC AND INTERNATIONAL LEADERSHIP, LIKE THE U.S. DEPARTMENT OF STATE AND THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES, AS WELL AS REFUGEE AGENCIES AND HUMAN RIGHTS GROUPS. OUR WELL-ESTABLISHED PARTNERSHIPS ENABLE US TO SHARE OUR EXPERTISE, ACHIEVE OUR ADVOCACY OBJECTIVES, AND MAXIMIZE OUR IMPACT. WE PROVIDE VITAL AND URGENT SERVICES TO REFUGEES IN THE UNITED STATES AND OPERATE IN MORE THAN 20 OTHER COUNTRIES ADVOCATING FOR THE RIGHTS OF REFUGEES, ASYLUM SEEKERS, STATELESS PEOPLE, AND OTHER FORCIBLY DISPLACED PEOPLE.

COMMUNITIES KNOW WHAT THEY NEED TO IMPROVE THE WELL-BEING OF THEIR

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MEMBERS. WE LISTEN CLOSELY AND PROMOTE "LOCAL LED ACTION" AIMED AT BUILDING ON COMMUNITIES' EXISTING STRENGTHS AND RESOURCES SO THAT PROGRAMS ARE INCLUSIVE, SUSTAINABLE, AND EFFECTIVE.

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

RESPONDING TO THE ONGOING HUMANITARIAN CRISES CAUSED BY THE INVASION OF UKRAINE, HIAS CONTINUES ITS LIFE-SAVING WORK IN UKRAINE, WHERE IT CONTINUES TO WORK CLOSELY WITH LONGTIME UKRAINIAN PARTNER R2P, AS WELL AS IN NEIGHBORING POLAND, MOLDOVA, AND ROMANIA. HIAS PROVIDED LIFE-SAVING HUMANITARIAN ASSISTANCE, SUCH AS CASH AND HOUSING, AS WELL AS CRUCIAL PROTECTION SERVICES WITH A FOCUS ON THE MOST VULNERABLE DISPLACED PERSONS, LIKE WOMEN AND CHILDREN. WORKING THROUGH DIRECT IMPLEMENTATION AND INDIRECTLY THROUGH PARTNERS, HIAS UKRAINE FOCUSES ON MENTAL HEALTH AND PSYCHOSOCIAL SERVICES (MHPSS) AND GBV SERVICES, AS WELL AS MULTIPURPOSE CASH SUPPORT. IN POLAND, ROMANIA, AND MOLDOVA, HIAS' MAIN FOCUS LIES ON ECONOMIC INCLUSION WITH COMPLEMENTARY GBV AND MHPSS SERVICES. HIAS WORKS THROUGH PARTNERS IN LIGHT OF ITS COMMITMENT TO LOCALIZATION BY BUILDING THE CAPACITY OF EXISTING CIVIL SOCIETY

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ORGANIZATIONS. IN 2023, OVER 170,000 DISPLACED UKRAINIANS WERE HELPED BY HIAS IN UKRAINE, POLAND, ROMANIA, AND MOLDOVA.

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 GENDER-BASED VIOLENCE. 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 HAS DELIVERED CHILD PROTECTION SERVICES AND ORGANIZED AWARENESS CAMPAIGNS. HIAS HAS ASSISTED OVER 48,500 CHILDREN DIRECTLY AND INDIRECTLY THROUGH THIS WORK. MOREOVER, HIAS HAS SUCCESSFULLY TRAINED NEARLY 30,000 PEOPLE IN CHAD ON TECHNIQUES FOR PEACEFUL COEXISTENCE AND CONFLICT PREVENTION.

HIAS' GBV PREVENTION, RISK REDUCTION, AND RESPONSE PROGRAMS HELP FORCIBLY DISPLACED WOMEN, GIRLS, AND LGBTQI+ PEOPLE ACCESS HUMAN RIGHTS, LIVE FREE FROM VIOLENCE AND OPPRESSION, AND PURSUE THEIR POTENTIAL. OUR PROGRAMS ARE DRIVEN BY THE NEEDS OF SURVIVORS AND SHAPED BY THEIR VOICES AND PERSPECTIVES. WE PRIORITIZE THEIR LEADERSHIP IN PROGRAM DESIGN AND IMPLEMENTATION. WE PREVENT GBV BY REDUCING RISK; HELPING SURVIVORS, WOMEN, GIRLS, AND LGBTQI+ PEOPLE FIND HEALTHCARE AND SAFETY; AND CHALLENGING BELIEFS THAT PERPETUATE VIOLENCE.

WE REDUCE THE RISK OF GBV BY BUILDING WOMEN'S AND GIRLS' ECONOMIC ASSETS, SUPPORTING SAFE SPACES FOR THEM TO FORGE BONDS OF SOLIDARITY AND TRUST, AND RAISING AWARENESS OF THEIR RIGHTS AND THE SERVICES

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AVAILABLE TO THEM. WE ALSO TRAIN COMMUNITY LEADERS TO RECOGNIZE AND WORK WITH WOMEN, GIRLS, AND LGBTQI+ INDIVIDUALS TO ENSURE THEY ARE SAFE. WE HELP SURVIVORS IMPROVE THEIR WELL-BEING, FIND SOLIDARITY, AND HEAL THROUGH CASE MANAGEMENT, PSYCHOSOCIAL SERVICES, AND REFERRALS TO LEGAL SERVICES AND WOMEN'S GATHERING PLACES. WE ADDRESS THE ROOT CAUSE OF GBV BY WORKING WITH MEN AND BOYS TO BUILD HEALTHY NORMS AROUND MASCULINITY AND UNDERSTANDING OF THEIR ROLE IN PROMOTING THE HEALTH AND SAFETY OF WOMEN AND GIRLS.

OUR SERVICES AND SUPPORT ARE DRIVEN BY THE NEEDS AND VOICES OF SURVIVORS TO ENHANCE SOCIAL AND ECONOMIC PROTECTION FOR WOMEN, GIRLS, AND LGBTQI+ REFUGEES AND MIGRANTS. WE DESIGN INTERVENTIONS THROUGH A REGIONAL CONTINUUM OF CARE WHILE WORKING TO CHANGE THE BELIEFS THAT PERPETUATE GBV. HIAS USES A MULTIPRONGED APPROACH IN PARTNERSHIP WITH LOCAL NGOS TO MEET IMMEDIATE LIFESAVING NEEDS OF SURVIVORS WHILE BUILDING MEDIUM AND LONGER-TERM RESILIENCY. WE FOCUS ON RISK REDUCTION BY BUILDING SAFE SPACES AND ECONOMIC WELL-BEING, RESPONDING TO CASES OF SURVIVORS THROUGH MENTAL HEALTH AND LEGAL SERVICES, AND PROMOTING PREVENTATIVE MEASURES TO ADDRESS THE ROOT CAUSES DRIVING GBV BY ENGAGING MEN AND BOYS TO LEARN NEW NORMS.

OUR COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMS HELP INDIVIDUALS AND FAMILIES RECOVER FROM THE STRESS OF DISPLACEMENT AND DEVELOP HEALTHY COPING MECHANISMS. WE TRAIN KEY COMMUNITY MEMBERS TO RECOGNIZE HOW PEOPLE OF ALL AGES RESPOND TO TRAUMATIC EVENTS, PROVIDE BASIC PSYCHOSOCIAL SUPPORT, AND REFER PEOPLE TO SPECIALIZED CARE. WE CREATE SHORT-TERM AND INTENSIVE CARE MECHANISMS WITHIN COMMUNITIES SO THAT OUR CLIENTS CAN ACCESS THE SUPPORT THEY NEED

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URGENTLY. TO BUILD CONNECTION AND RESILIENCE, WE CREATE AND PROMOTE SUPPORT GROUPS BASED ON LANGUAGE, GENDER, AGE, AND OTHER FACETS OF IDENTITY. THESE GROUPS PROVIDE A SAFE FORUM FOR SHARING EXPERIENCES AND HEALING.

THROUGH OUR ECONOMIC INCLUSION WORK, WE ENABLE REFUGEES TO WORK TOWARD FINANCIAL INDEPENDENCE AND CONTRIBUTE TO THEIR COMMUNITY. WE PROVIDE CASH ASSISTANCE TO REFUGEES IN EMERGENCY SITUATIONS AND TO THOSE LIVING IN EXTREME POVERTY AND OFFER EDUCATION AND COACHING ON ESTABLISHING HEALTHY FINANCIAL HABITS, LIKE THE IMPORTANCE OF SAVING AND HOW TO NAVIGATE BANKING INSTITUTIONS. WE PARTNER WITH PRIVATE SECTOR EMPLOYERS TO OFFER VOCATIONAL TRAINING AND PROFESSIONAL SKILLS -- BUILDING OPPORTUNITIES FOR REFUGEES. WE ALSO STRENGTHEN THE CAPACITY OF THESE COMPANIES TO RECRUIT AND RETAIN REFUGEES AS EMPLOYEES.

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

EXAMPLES OF HIAS' IMPACT IN 2023:

- HIAS REACHED OVER 2.25M FORCIBLY DISPLACED PEOPLE WORLDWIDE, INCLUDING THE PROVISION OF DIRECT SERVICES TO OVER 1.2M INDIVIDUALS.
- HIAS' MHPSS REACHED OVER 330,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.
- HIAS' GBV PREVENTION AND RESPONSE PROGRAMS REACHED OVER 530,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.
- HIAS REACHED OVER 200,000 PEOPLE DIRECTLY AND INDIRECTLY WITH LEGAL ASSISTANCE SERVICES GLOBALLY.
- IN 2023, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO MEET THE BASIC NEEDS OF FORCIBLY DISPLACED PEOPLE, REACHING OVER 215,000 PEOPLE

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GLOBALLY.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

- IN 2023, HIAS PROVIDED RESETTLEMENT SUPPORT TO OVER 9,000 PEOPLE GLOBALLY, INCLUDING RESETTLING 6,773 REFUGEES IN THE UNITED STATES.
- IN CHAD, HIAS ADMINISTERED SERVICES TO OVER 150,000 PEOPLE FLEEING VIOLENCE IN SUDAN AND OTHER CONFLICT AREAS.
- IN ISRAEL, HIAS IS ONE OF THE LEADING LEGAL AID PROVIDERS FOR DISPLACED PERSONS, WHERE THEY SERVE DISPLACED PERSONS DIRECTLY THROUGH LEGAL ASSISTANCE AND REPRESENTATION.
- IN KENYA, HIAS SERVED OVER 3,500 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 40,000 DISPLACED PEOPLE.
- IN MEXICO, HIAS DIRECTLY SERVED OVER 34,000 PEOPLE THROUGH LEGAL ASSISTANCE ACTIVITIES; SUPPORTED OVER 8,500 WITH MHPSS; AND PROVIDED OVER 5,000 WITH SERVICES TO PREVENT GBV AND MITIGATE ITS IMPACT.
- IN CHAD, HIAS STAFF CONDUCTED GBV PREVENTION AND MITIGATION ACTIVITIES DIRECTLY REACHING OVER 55,000 PEOPLE IN DISPLACED COMMUNITIES, AND AN ADDITIONAL 8,000 INDIVIDUALS IN HOST COMMUNITIES.
- IN ECUADOR, HIAS SUPPORTED OVER 91,000 INDIVIDUALS THROUGH ITS COMMUNITY-BASED PROTECTION PROGRAMS. HIAS' ECONOMIC INCLUSION PROGRAMS REACHED OVER 22,000 PEOPLE DIRECTLY AND INDIRECTLY THROUGH ITS FLAGSHIP GRADUATION MODEL APPROACH. OVER 70,000 INDIVIDUALS WERE REACHED THROUGH CASH AND VOUCHER ASSISTANCE TO MEET THEIR BASIC NEEDS.
- HIAS IS ALSO ONE OF THE LEADING LEGAL AID PROVIDERS FOR DISPLACED PEOPLE IN ISRAEL, WHERE WE SERVED OVER 4,000 DISPLACED PEOPLE DIRECTLY THROUGH LEGAL ASSISTANCE AND REPRESENTATION, INCLUDING PALESTINIAN AND

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OTHER REFUGEES FACING THE THREAT OF DEPORTATION IN THE WAKE OF THE ONGOING CONFLICT.

- IN PERU, HIAS PROVIDED CASH AND VOUCHER ASSISTANCE TO OVER 5,000 PEOPLE TO MEET THEIR BASIC NEEDS. AN ADDITIONAL 1,400 INDIVIDUALS WERE SUPPORTED THROUGH OTHER COMPLEMENTARY ECONOMIC INCLUSION PROGRAMS.

- IN HONDURAS, ONE OF HIAS' NEWEST INTERNATIONAL OPERATIONS, HIAS PROGRAMS REACHED OVER 19,000 INDIVIDUALS, INCLUDING OVER 10,000 PEOPLE THROUGH GBV PREVENTION AND MITIGATION ACTIVITIES.

- IN COSTA RICA, HIAS SUPPORTED NEARLY 20,000 INDIVIDUALS DIRECTLY AND INDIRECTLY THROUGH LEGAL PROTECTION PROGRAMS.

- IN PANAMA, OVER 26,000 PEOPLE WERE REACHED WITH VARIOUS PROGRAMS, INCLUDING OVER 11,000 PEOPLE RECEIVING LEGAL ASSISTANCE.

- IN COLOMBIA, HIAS SERVED OVER 37,000 PEOPLE WITH VARIOUS PROGRAMS, INCLUDING SHELTER, FOOD, PREVENTION OF GBV, AND MHPSS.

- IN ARUBA, HIAS ASSISTED OVER 3,000 PEOPLE WITH VARIOUS PROGRAMS, INCLUDING NEARLY 2,000 PEOPLE IN RESPONDING TO AND MITIGATING GBV.

- HIAS' PROGRAMS REACHED OVER 9,000 PEOPLE IN GUYANA, INCLUDING OVER 5,500 PEOPLE WITH GBV PREVENTION SERVICES.

- HIAS SERVED OVER 170,000 PEOPLE FLEEING VIOLENCE IN UKRAINE, POLAND, MOLDOVA, AND ROMANIA.

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

UKRAINE, COLOMBIA, ARUBA, CHAD,

COSTA RICA, ECUADOR, GREECE, GUYANA,

ISRAEL, MEXICO, PANAMA, PERU,

KENYA, VENEZUELA, AUSTRIA, SPAIN

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

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

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

HIAS 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

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REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL DEVELOPMENT OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.

HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET BASED COMPENSATION PRACTICES AND THE ORGANIZATIONS' FINANCIAL RESOURCES. THE 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.

Name of the organization HIAS, INC.	Employer identification number 13-5633307
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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 GAIN ON SPLIT-INTEREST AGREEMENT	369,292.
CHANGE IN MINIMUM PENSION LIABILITY	831,039.
TOTAL TO FORM 990, PART XI, LINE 9	1,200,331.

FORM 990, PART XII, LINE 1B:

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.

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HIAS ECUADOR - 98-1566806 SEE PART VII SEE PART VII, ECUADOR	REFUGEE ASSISTANCE AND PROTECTION	ECUADOR	9,665,468.	11,295,047.	HIAS
HIAS PANAMA - 98-1567109 SEE PART VII SEE PART VII, PANAMA	REFUGEE ASSISTANCE AND PROTECTION	PANAMA	1,517,307.	2,792,411.	HIAS ECUADOR

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HIAS ISRAEL SEE PART VII 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	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization? (Yes/No). Rows include HIAS MEXICO A.C., HIAS PERU, HIAS GUATEMALA, and HIAS COSTA RICA.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUST (1) SEE PART VII OSSINING, NY 10562	CRUT	NY	N/A	TRUST	52,788.	4,210,634.			<input checked="" type="checkbox"/>

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HIAS ISRAEL	B	1,420,550.	CASH
(2) HIAS ISRAEL	B	1,023,198.	CASH
(3) FOUNDATION HIAS COLOMBIA	B	1,810,647.	CASH
(4) HIAS GUYANA INC.	B	1,008,733.	CASH
(5) HIAS MEXICO A.C.	B	1,503,378.	CASH
(6) HIAS PERU	B	2,006,535.	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	1,249,242.	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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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.