Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.



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

A F	or the	2020 calendar year, or tax year beginning and	ending						
	heck if plicable:	C Name of organization		D Employer identific	ation number				
	Address	HIAS, INC.							
	Name change	Doing business as		13-5633307					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	1300 SPRING STREET	500	(301) 844-7300					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	122,840,232.				
	Amende	ed SILVER SPRING, MD 20910		H(a) Is this a group re					
	Applica	F Name and address of principal officer. The art 1995		for subordinates	? Yes 🗶 No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? 🛄 Yes 🛄 No				
1 т	ax-exe	mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions				
		e: > WWW.HIAS.ORG		H(c) Group exemption	n number 🕨				
KF	orm of	organization: 🕱 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1881	State of legal domicile; NY				
Pa		Summary							
	1 8	Briefly describe the organization's mission or most significant activities:	HEDULE O						
Activities & Governance									
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass					
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	21				
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		01 STATUS 1000 TODA TODA 1 STATUS 1 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	21				
es 6	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			170				
vitie	6	Total number of volunteers (estimate if necessary)			292				
<b>\cti</b>		Total unrelated business revenue from Part VIII, column (C), line 12			10,318.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.				
				Prior Year	Current Year				
ō	8	Contributions and grants (Part VIII, line 1h)		52 305 704	62,631,210.				
Revenue	9	Program service revenue (Part VIII, line 2g)		966,922.	644,103.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,004,604.	12,906,414.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	334,557.	-14,215.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		55,611,787.	76,167,512				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1.3)		16,568,278.	15,678,758.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,933,568.	29,056,304.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	anna -	0.	0.				
xpe	Ь	Total fundraising expenses (Part IX, column (D), line 25)	680.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,288,623.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	mana	57,790,469.					
		Revenue less expenses. Subtract line 18 from line 12		-2,178,682.	7,924,402.				
Net Assets or	1		В	eginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		85,174,923.	86,773,637.				
t As	21	Total liabilities (Part X, line 26)		30,689,695.	31,484,539.				
Ne	22	Net assets or fund balances. Subtract line 21 from line 20		54,485,228.	55,289,098.				
	art II	Signature Block	_						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	6 0.024				
		20hurp	_	Date	4.2021				
Sig	jn	Signature of officer		Date					
He	re	FARHAN IRSHAD, CFIO							
_		Type or print name and title		Data Court	PTIN				
		Print/Type preparer's name Preparer's signature	) Jourto	Date Check					
Pai			lound	10/8/2021 self-empto					
	parer	Firm's name GRANT THORNTON LLP		Firm's EIN 🕨	36-6055558				
Us	e Only	Firm's address > 1000 WILSON BOULEVARD, SUITE 1400		-	03) 047 7500				
		ARLINGTON, VA 22209		Phone no. (7	03) 847-7500				
Ma	y the l	RS discuss this return with the preparer shown above? See instructions			X Yes No				

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) HIAS, I t III   Statement of Program		nts	13-563	33307 Pa
		-			
	Briefly describe the organization's n				
	SEE SCHEDULE O	lission.			
_	Did the organization undertake any	significant program services du	ring the year which wer	re not listed on the	
					Yes X
	If "Yes," describe these new service				
	Did the organization cease conduct		a in how it conducto, or	av program convision?	Yes X
	If "Yes," describe these changes on		s in now it conducts, ai		
	Describe the organization's program		ach of its three largest	program convision on manufold k	
	Section 501(c)(3) and 501(c)(4) orga		the amount of grants a	nd anocations to others, the total	expenses, and
	revenue, if any, for each program se			0 977 617 \ /	
	(Code:) (Expenses \$	including g	rants of \$	5, 677, 617. ) (Revenue \$	
	SEE SCHEDULE O.				
	(Code:) (Expenses \$	15 225 922, including	rante of \$	4 546 840.) (Revenue \$	644,10
	SEE SCHEDULE O.			-,, ) (Nevenue \$	
	(Code:) (Expenses \$	4,200,254. including (	rants of \$	1,254,301.) (Revenue \$	
	SEE SCHEDULE O.			, ( ) ( )	
_		n Schedule O.)			
	Other program services (Describe o				
	Other program services (Describe o (Expenses \$	including grants of \$	) (	Revenue \$	)
		including grants of \$ 52,503,178		Revenue \$	)

Form	990 (2020) HIAS, INC. 13-56333	807	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	+-		<u> </u>
8				x
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
		20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
032002	12-23-20			(2020)
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0-		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		^
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t 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	<u></u>		X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 121	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	12-23-20	Form	990	(2020)

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Form 990 (2020)

HIAS, INC.

	990 (2020) HIAS, INC.	13-563330	7	P	Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 170			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a	х	
h	If "Yes," enter the name of the foreign country $\triangleright$ SEE SCHEDULE 0		ти		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	equipto (ERAD)			
<b>F</b> -			5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	Ũ			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
U			8		
9	Sponsoring organizations maintaining donor advised funds.				
			00		
a L			9a Oh		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1 10		<u> </u>
10			15		x
	excess parachute payment(s) during the year?		15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	incomo	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
	If "Yes," complete Form 4720, Schedule O.		-	000	(2020)

Form **990** (2020)

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
Sec				X
	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	21		
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?		Х	
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?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		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?	<u>7b</u>	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	с с ,		X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<b>-</b>	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		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? 11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	<u>12c</u>	x	
13	in Schedule O how this was done	13	x x	
	in Schedule O how this was done	13		
14	in Schedule O how this was done	13	X	
14 15	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	<u>13</u> 14	X X	
14 15 a	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	<u>13</u> 14 15a	X X X	
14 15 a	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	<u>13</u> 14 15a	X X	
14 15 a b	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u>13</u> 14 15a	X X X	
b	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	<u>13</u> 14 15a	X X X	
14 15 a b	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X X X	x
14 15 a b 16a	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a</li> </ul>	13 14 15a 15b	X X X	x
14 15 a b 16a	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> </ul>	13 14 15a 15b	X X X	x
14 15 b 16a b	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> </ul>	13 14 15a 15b 16a	X X X X	x
14 15 b 16a b	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> </ul>	13 14 15a 15b 15b 16a 16b	X X X X	x
14 15 b 16a b <b>Sec</b>	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> </ul>	13 14 15a 15b 15b 16a 16b	X X X X	x
14 15 b 16a b <u>Sec</u> 17	<ul> <li>in Schedule O how this was done</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official</li> <li>Other officers or key employees of the organization</li> <li>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>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?</li> </ul>	13 		
14 15 b 16a b <u>Sec</u> 17	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>Etion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	13 		
14 15 b 16a b <u>Sec</u> 17	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed MAL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	13 		
14 15 16a b <u>Sec</u> 17	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? <b>Etion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	13 14 14 15a 15b 15b 16a 16a 16b 5, KY 501(c)(3)s only	X X X X	
14 15 b 16a b	in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         exton C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)	13 14 14 15a 15b 15b 16a 16a 16b 5, KY 501(c)(3)s only	X X X X	
14 15 16a b <u>Sec</u> 17 18	in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>Ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.         X Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p s	13 14 14 15a 15b 15b 16a 16a 5, KΥ 501(c)(3)s only solicy, and finar	X X X X	
14 15 a b 16a b <u>Sec</u> 17 18	in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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 exampt status with respect to such arrangements? <b>Ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       Another's website       Upon request       Other ( <i>explain on Schedule O</i> )         Describe on Schedule O whether (and if so, how) the organization mad	13 14 14 15a 15b 15b 16a 16a 5, KΥ 501(c)(3)s only solicy, and finar	X X X X	
14 15 16a b <b>Sec</b> 17 18	in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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? <b>Ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.         X Own website       Another's website       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p s	13         14         14         15a         15b         15b         16b         5, KY         501(c)(3)s only         olicy, and finant         ▶	X X X X	ble

Form 990 (2020) HIAS, INC.	13-5633307	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
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 w	with or within the organization	n's tax year.
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), reg Enter -0- in columns (D), (E), and (F) if no compensation was paid.	pardless of amount of comper	nsation.
• List all of the organization's current key employees, if any. See instructions for definition of "key employe	e."	
• List the organization's five current highest compensated employees (other than an officer, director, trustee	e, or key employee) who recei	ived report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box, unle		k, unless person is both an icer and a director/trustee)			n an	compensation	compensation	amount of
	week				1711 US		from	from related	other	
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	ndividual trustee or director	Institutional trustee	ž	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MARK HETFIELD	35.00									
PRESIDENT AND CEO	0.00			х				346,350.	0.	45,481.
(2) FARHAN IRSHAD	35.00									
CHIEF OPERATING OFFICER	0.00			х				212,024.	0.	46,543.
(3) MELANIE NEZER	35.00									
SENIOR VP, PUBLIC AFFAIRS	0.00				Х			217,758.	0.	37,204.
(4) MIRIAM FEFFER	35.00									
VP DEVELOPMENT	0.00					х		190,619.	0.	40,039.
(5) MULUEMEBET HUNEGNAW	35.00									
VP, STRATEGY & MEASUREMENT	0.00				Х			181,004.	0.	41,237.
(6) ELIZABETH SWEET	35.00									
CHIEF OF STAFF	0.00				Х			200,770.	0.	19,552.
(7) RACHEL LEVITAN	35.00									
VP INTERNATIONAL PROGRAMS	0.00					x		180,115.	0.	36,734.
(8) EMILY RUSS	35.00									
AUSTRIA COUNTRY DIRECTOR	0.00					x		151,555.	0.	64,797.
(9) RAPHAEL MARCUS	35.00									
SENIOR VP PROGRAMS	0.00				Х			178,281.	0.	31,264.
(10) RUI LOPES	35.00									
CHIEF INFORMATION OFFICER	0.00					X		155,395.	0.	50,772.
(11) JESSICA REESE	35.00									
DIR, STRATEGIC PARTNERSHIPS	0.00					X		169,438.	0.	8,352.
(12) ROBERT D. ARONSON	15.00									
CHAIR	0.00	х		х				0.	0.	0.
(13) JEFFREY BLATTNER	4.00									
VICE CHAIR	0.00	х		х				0.	0.	0.
(14) PHILIP E. WOLGIN	3.00									
SECRETARY/TREASURER	0.00	х		х				0.	0.	0.
(15) DIANNE F. LOB	1.00									
EX-OFFICIO TO 6/30/20	0.00	Х		Х				0.	0.	0.
(16) ALAN ABRAMSON	1.00									
DIRECTOR		х						0.	0.	0.
(17) JUDITH H. FRIEDMAN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
032007 12-23-20				-	-					Form <b>990</b> (2020)

Form 990 (2020) HIAS, INC. 13-5633307 Page 8													
Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)         (F)													
(A)			(D)	(E)			(F)						
Name and title	Average	(do		Pos heck i			one	Reportable Reportabl			E:	stimate	d
	hours per	box	, unle	ss per	son i	s botł	n an	compensation	compensatio	'n	ar	nount o	of
	week			nd a di	recio	i/irus	lee)	from	from related			other	
	(list any	recto						the	organization			ipensat	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	5C)		rom the	
	organizations	ustee	trust		æ	bens		(W-2/1099-MISC)			· ·	janizati	
	below	ual tr	ional		ploye	t com						d relate	
	line)	Individual trustee or director	In stitutio nal tru stee	Officer	ƙey employee	Highest compensated employee	Former					anizatio	2112
(18) JULIE GERSTEN	1.00	_		0	×	Ξæ	<u> </u>						
DIRECTOR	0.00	х						0.		Ο.			0.
(19) JANE GINNS	1.00												
DIRECTOR	0.00	х						0.		Ο.			Ο.
(20) MITCHELL GORDON	3.00												
DIRECTOR	0.00	х						0.		0.			0.
(21) KAREN GREEN	6.00												
DIRECTOR	0.00	х						٥.		0.			٥.
(22) FITZGERALD HANEY	1.00												
DIRECTOR FROM 7/1/2020	0.00	Х						0.		0.			٥.
(23) ANDREW HEINRICH	1.00									_			
DIRECTOR FROM 7/1/2020	0.00	х						0.		0.			٥.
(24) GARY HIRSCHBERG	10.00												
DIRECTOR	0.00	Х						0.		0.			٥.
(25) RENE LERER	1.00												
DIRECTOR TO 6/30/20	0.00	Х						0.		0.			0.
(26) ALEJANDRO MAYORKAS	1.00												
DIRECTOR (7/1/20-11/28/20)	0.00	Х						0.		0.			٥.
1b Subtotal								2,183,309.		0.	421,975.		
c Total from continuation sheets to Part VII	, Section A							0.		0.	0.		
d Total (add lines 1b and 1c)								2,183,309.		0.		421,	975.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	3			
compensation from the organization													37
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual										3		
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	olete Schedule	e J fo	or sı	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor										oensa	tion fr	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addross							<b>(B)</b> Description of s	onvicos	c		<b>C)</b> Insatior	2
HBW CONSTRUCTION	audiess						_	Description of s	el vices		Jointhe	ISaliu	<u> </u>
1055 FIRST ST #200, ROCKVILLE, MD 208	50							CONSTRUCTION SERVI	CES			553	711
MYPROTEUS INC	50							CONSTRUCTION SERVI	CE5			553,	/41.
16192 COASTAL HIGHWAY, LEWES, DE 1995	8							APPLICATION DEVELO	סאדאיזיי			501,	680
· · · ·							-	ATTEICATION DEVELO	1 MISIN1			501,	<u></u>
ANNE LEWIS STRATEGIES P.O. BOX 3243, OMAHA, NE 68103 MARKETING CONSULTING 305,000.										000			
P.O. BOX 3243, OMAHA, NE 68103							-	MARKETING CONSULTI	NG			505,	
33570 TREASURY CENTER, CHICAGO, IL 60	GRANT THORNTON LLP 33570 TREASURY CENTER, CHICAGO, IL 60694 AUDIT FIRM 272,178									178			
ARMFIELD, HARRISON & THOMAS,												,	
20 S. KING STREET, LEESBURG, VA 20175	5							INSURANCE				245,	675.
2 Total number of independent contractors (ir		ot lin	nited	d to t	thos	se lis			ore than				
\$100,000 of compensation from the organiz	•				13								
SEE PART VII, SECTION A CONTINU	VATION SHEE	TS									Form	<b>990</b> (2	2020)

Part VII Section A. Officers, Directors, Tru (A)	(B)	nployees, and Highest (C)						(D)	(E)	(F)		
(A) Name and title	(D) Average		Position					(D) Reportable	( <b>–</b> ) Reportable	(F) Estimated		
Name and the	hours per	(check all that apply)					ly)	compensation from	compensation from related	amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations		
(27) TAMAR NEWBERGER	1.00											
DIRECTOR	0.00	Х						0.	0.			
(28) DORIT PERRY	2.00											
DIRECTOR	0.00	Х						0.	0.			
(29) FRANK RISCH	2.00											
DIRECTOR	0.00	Х						0.	0.			
(30) LEON RODRIGUEZ	3.00											
DIRECTOR	0.00	Х						Ο.	Ο.			
(31) ILAN ROSENBERG	3.00											
DIRECTOR	0.00	x						0.	0.			
(32) ERIC SCHWARTZ	1.00											
DIRECTOR TO 6/30/20	0.00	х						0.	0.			
(33) MARC SILBERBERG	2.00											
DIRECTOR	0.00	x						0.	0.			
(34) SANDRA SPINNER	0.00											
DIRECTOR TO 12/10/20	0.00	Х						Ο.	Ο.			
(35) ROBYN STEINER LAMONT	1.00											
DIRECTOR FROM 7/1/2020	0.00	Х						Ο.	Ο.			
(36) DANIEL TAVAKOLI	1.00											
DIRECTOR	0.00	Х						Ο.	Ο.			
(37) HARLEY UNGAR	2.00											
DIRECTOR	0.00	Х						Ο.	Ο.			
(38) YULI WEXLER	1.00											
DIRECTOR TO 6/30/20	0.00	х						0.	0.			
		]										

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				, INC.					13-563330	7 Page <b>9</b>
Pa	rt V	/111								
			Check if Schedule O c	ontains a	response	or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in li <b>Total.</b> Add lines 1a-1f	butions) grants, and above ines 1a-1f	1a 1b 1c 1d 1e 1f 1g \$	27,726,877. 34,904,333. ▶	62,631,210.			
Program Service Revenue	2	a b c d	MIGRANT LOAN PROCESS SERVICE FEE & OTHER	REVENUE	1	Business Code 900099 900099	475,661. 168,442.	475,661. 166,998.	1,444.	
Prog		g	All other program service r <b>Total.</b> Add lines 2a-2f Investment income (includ				644,103.			
	<ul> <li>3 Investment income (including dividends, interes other similar amounts)</li> <li>4 Income from investment of tax-exempt bond pro</li> <li>5 Royalties</li> </ul>					roceeds	2,431,434.		8,874.	2,422,560.
	6	b c	Less: rental expenses Rental income or (loss)	6a 6b 6c						
au		a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) S 7a 57,1 7b 46,6	572,720.	(ii) Other				
evenue			Gain or (loss)	<b>7c</b> 10,4						
Other Re			Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18	ig events (n line 1c). Se	ot of ee		10,474,980.			10,474,980.
			Less: direct expenses							
		а	Net income or (loss) from f Gross income from gaming Part IV, line 19	g activities	. See <b>9a</b>					
	10	с а	Less: direct expenses Net income or (loss) from g Gross sales of inventory, le and allowances	gaming ac	tivities s <b>10</b> a	▶				
			Less: cost of goods sold							
		С	Net income or (loss) from s	Sales of IN	entory	Business Code				
Miscellaneous Revenue	11	a b	FOREIGN EXCHANGE GA			900099	-14,215.			-14,215.
Sev		c								
Miš			All other revenue			▶	-14,215.			
	12		Total. Add lines 11a-11d Total revenue. See instructio				76,167,512.	642,659.	10,318.	12,883,325.
03200						····· 🚩	,			Form <b>990</b> (2020)

Form 990	(2020)
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HIAS, INC.

#### 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 conta					
Do not include amounts reported on lines ( 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic of	rganizations				
and domestic governments. See Part IV, li	ne 21 📖 📃	7,543,320.	7,543,320.		
2 Grants and other assistance to dome	stic				
individuals. See Part IV, line 22					
3 Grants and other assistance to foreig	n				
organizations, foreign governments, a	and foreign				
individuals. See Part IV, lines 15 and		8,135,438.	8,135,438.		
4 Benefits paid to or for members					
5 Compensation of current officers, dire	ectors,				
trustees, and key employees		2,592,390.	850,163.	1,078,077.	664,150.
6 Compensation not included above to disqu	ualified				
persons (as defined under section 4958(f)	(1)) and				
persons described in section 4958(c)(3)(E	3)				
7 Other salaries and wages		18,222,682.	11,726,113.	5,318,065.	1,178,504.
8 Pension plan accruals and contributions (	include				
section 401(k) and 403(b) employer contr	ibutions)	522,033.		522,033.	
9 Other employee benefits		5,769,069.	2,589,236.	2,668,131.	511,702.
10 Payroll taxes		1,950,130.	1,050,923.	899,207.	
<b>11</b> Fees for services (nonemployees):					
<b>a</b> Management					
<b>b</b> Legal		1,129,043.	51,660.	1,077,383.	
c Accounting		275,711.	711.	275,000.	
d Lobbying					
e Professional fundraising services. See Par	t IV, line 17				
f Investment management fees		380,654.		380,654.	
g Other. (If line 11g amount exceeds 10% e	of line 25,				
column (A) amount, list line 11g expenses	s on Sch O.)	2,200,296.	997,954.	1,116,569.	85,773.
12 Advertising and promotion		30,267.	19,882.	10,004.	381.
13 Office expenses		2,360,682.	776,478.	1,034,086.	550,118.
14 Information technology		1,439,073.	671,866.	698,947.	68,260.
15 Royalties					
16 Occupancy		2,905,848.	1,409,259.	1,496,589.	
17 Travel		328,104.	208,418.	112,682.	7,004.
<b>18</b> Payments of travel or entertainment e	expenses				
for any federal, state, or local public o					
<b>19</b> Conferences, conventions, and meet	ings				
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortiza	ation	112,315.	80,635.	31,680.	
23 Insurance					
24 Other expenses. Itemize expenses not cov above (List miscellaneous expenses on lin line 24e amount exceeds 10% of line 25, o amount, list line 24e expenses on Schedul	e 24e. If column (A)				
a RESETT TRANSP/DIRECT AS		11,211,523.	11,211,523.	0.	0.
b PROJECT SUPPORT	[	719,990.	20,410.	563,110.	136,470.
c PROGRAM SUPPLIES	[	251,879.	251,879.		
d MEMBERSHIP & SUBS	[	162,663.	120,550.	32,795.	9,318.
e All other expenses			4,786,760.	-4,786,760.	
25 Total functional expenses. Add lines 1 th	rough 24e	68,243,110.	52,503,178.	12,528,252.	3,211,680.
<b>26</b> Joint costs. Complete this line only if the	organization				
reported in column (B) joint costs from a	combined				
educational campaign and fundraising sol	icitation.				
Check here 🕨 🧾 if following SOP 98-2 (AS	C 958-720)				Form <b>990</b> (2020)

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12 2020.04030 HIAS, INC.

Form 990 (2020) HIAS, INC.

13-5633307

Page **11** 

	Check if Schedule O contains a response or note to any line	e in this Part X		·····	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	0			1	
2	Savings and temporary cash investments		5,833,698.	2	6,193,35
3	Pledges and grants receivable, net		5,687,314.	3	7,166,55
4	Accounts receivable, net		234,387.	4	392,82
5	Loans and other receivables from any current or former offic	cer, director,			
	trustee, key employee, creator or founder, substantial contr				
	controlled entity or family member of any of these persons		5		
6	Loans and other receivables from other disqualified persons	s (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			554,166.	9	672,57
10	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	3,567,455.			
	b Less: accumulated depreciation 10b	1,422,911.	1,129,140.	10c	2,144,54
11	Investments - publicly traded securities		40,737,795.	11	48,315,37
12	Investments - other securities. See Part IV, line 11		24,788,685.	12	12,320,00
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		6,209,738.	15	9,568,41
16	Total assets. Add lines 1 through 15 (must equal line 33)		85,174,923.	16	86,773,63
17	Accounts payable and accrued expenses		4,315,161.	17	4,807,84
18	Grants payable		325,995.	18	106,96
19	Deferred revenue		4,927,008.	19	2,929,31
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Se			21	
22	Loans and other payables to any current or former officer, o	director,			
22	trustee, key employee, creator or founder, substantial contr	ibutor, or 35%			
	controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third pa	arties		23	
24	Unsecured notes and loans payable to unrelated third partie	es		24	
25	Other liabilities (including federal income tax, payables to re	elated third			
	parties, and other liabilities not included on lines 17-24). Co	mplete Part X			
	of Schedule D		21,121,531.	25	23,640,41
26	Total liabilities. Add lines 17 through 25		30,689,695.	26	31,484,53
	Organizations that follow FASB ASC 958, check here	X			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		47,640,194.	27	48,156,64
28	Net assets with donor restrictions		6,845,034.	28	7,132,45
	Organizations that do not follow FASB ASC 958, check I				
	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 fu			30	
31	Retained earnings, endowment, accumulated income, or ot			31	
27 28 29 30 31 32	Total net assets or fund balances		54,485,228.	32	55,289,09
33			85,174,923.	33	86,773,63

Form 990 (2020)

Form	1990 (2020) HIAS, INC.	13-563330	7	Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,	167,	512.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,	243,	110.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,	924,	402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,	485,	228.
5	Net unrealized gains (losses) on investments	5	-8,	102,	800.
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		982,	268.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	55,	289,	098.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<b></b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	(2020)

Form **990** (2020)

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(Form 990 or 990-EZ)

## **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	Forr	n	990	or Foi	rm 990-EZ.	
-				-			-

OMB No. 1545-0047
2020

**Open to Public** 

Inspection
 tal and the second s

	ment of the Treasury       ► Attach to Form 990 or Form 990-EZ.         Il Revenue Service       ► Go to www.irs.gov/Form990 for instructions and the latest information.					-	to Public				
Nam	e of t	the organizati				uns anu u	ie ialest ii	normation.	Employer		ation number
Itan		ine organizati	HIAS,	TNC						13-5633	
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior			
					For lines 1 through 12, c						
1			-		on of churches described			I)(A)(i).			
2	$\square$				Attach Schedule E (Forn			· //· //·			
3					anization described in se			ii).			
4					njunction with a hospital				.)(iii). Enter	the hospi	tal's name,
		city, and stat	e:								
5		An organizat	ion operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizat	ion that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic des	cribed in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		-			(1)(A)(vi). (Complete Par	-					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		-		• • • •	than 33 1/3% of its supp					-	-
					t to certain exceptions; a						
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June	30, 1975.
44				mplete Part III.)	walk to toot for public or	fatu Caa	oootion E(	O(a)(4)			
11 12		-	-	-	ively to test for public satisfies the bonofit of the	•			rny out the	nurnasas	of one or
12		-	-	-	ively for the benefit of, to d in section 509(a)(1) o				-		
					f supporting organization						
а		-			upervised, or controlled					nivina	
u	L			-	gularly appoint or elect a	• • • •	-				
			-	complete Part IV, Se		indjointy e				pporting	
b		¬ -		-	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,		•			• • • •		
с		- ·			g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its support	ed organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III no	on-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppo	rted organiz	ation(s)	
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	reness	
		requiremer	nt (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
е			•		written determination fro			Туре I, Туре	II, Type III		
		functionally	y integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.				
			of supported of	•							
<u> </u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vii) Am	ount of other
	,	organizatior			(described on lines 1-10	in your governi	ing document?	support (see i	-		ee instructions)
		5			above (see instructions))	Yes	No		,		
Tota								_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 HIAS, INC.

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)** 2016 (d) 2019 (b) 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 40,687,086. 46,527,210 52,305,704. 62,631,210. 244,006,675. 41,855,465. 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 41,855,465, 40,687,086, 46,527,210 52,305,704, 62,631,210. 244,006,675. 4 Total. Add lines 1 through 3 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) 244,006,675. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2020 (c) 2018 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (d) 2019 (f) Total 41,855,465, 40,687,086, 46,527,210. 52,305,704. 62,631,210. 244,006,675. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 873,038 796,383 746,697 905,641. 2,431,434. 5,753,193. and income from similar sources 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. 320,342. 250,080,210. **11 Total support.** Add lines 7 through 10 5,514,164. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.57 14 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 97.18 15 % 16a 33 1/3% support test - 2020. 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 ► X b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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#### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 202	0 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi					<del> </del>	
15 Public support percentage for 2020 (I	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					<del></del>	
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from 2						<u>%</u>
<b>19a 33 1/3% support tests - 2020.</b> If the						iine 17 is not
more than 33 1/3%, check this box ar						<b>P</b>
<b>b 33 1/3% support tests - 2019.</b> If the line 18 is not more than 33 1/3%, che						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organizatio						
20 Private roundation. If the organizatio	n dia not check a		ים, טר ושט, טופטא נ			m 990 or 990-EZ) 2020
002020 01-20-21		16	5	30		11 330 01 330-L2j 2020

Yes No

1

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

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13351001 153424 0191786-00037

17 2020.04030 HIAS, INC.

2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ection B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ers, ted		
2 Did the organization operate for the benefit of any supported organization other than the supported			
exemptation(a) that exercised supervised as controlled the supporting exemption?			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

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

Section D. All Type III Supporting Organizations						

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Voc No

Yes No

1

	(Form 990 or 990-EZ) 2020 HIAS, INC.
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Sectio	on 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		
Sectio	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on 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		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Sche	dule A (Form 990 or 990-EZ) 2020 HIAS, INC .				13-5633307	Page <b>7</b>			
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Y	'ear			
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3					
_4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is responsive	1						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		1	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributa Amount for				
_1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
C	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2020 distributable amount								
<u>    i</u>	Carryover from 2015 not applied (see instructions)								
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2016								
	Excess from 2017								
C	Excess from 2018								
d	Excess from 2019								
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

**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. Part VI (See instructions.)

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

-EZ) 2020
_

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SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		2020
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public

Department of the Treasury Internal Revenue Service

► 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				Employer identification number
HIAS, INC				13-5633307
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 52	7 organization.
<ol> <li>Provide a description of the organ</li> <li>Political campaign activity expendence</li> <li>Volunteer hours for political camp</li> </ol>	itures			
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(	3).	
<ol> <li>Enter the amount of any excise ta</li> <li>Enter the amount of any excise ta</li> <li>If the organization incurred a sect</li> <li>Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> </ol>	x incurred by organization manag on 4955 tax, did it file Form 4720	ers under section 4955 for this year?		▶ \$ Yes No Yes No
Part I-C Complete if the or	ganization is exempt und	er section 501(c),	except section 5	01(c)(3).
1 Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt funct	tion activities	►\$
2 Enter the amount of the filing orga exempt function activities	nization's funds contributed to ot	her organizations for se	ection 527	▶\$
3 Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	and on Form 1120-POL	3	
line 17b 4 Did the filing organization file <b>For</b>				Yes No
5 Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC).	mployer identification number (El ation listed, enter the amount pai romptly and directly delivered to	N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to zation's funds. Also ent anization, such as a se	which the filing organization er the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Inspection

Schedule C (Form 990 or 990-EZ) 2020						633307 Page <b>2</b>				
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	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 shar			• •							
B Check 🕨 🔄 if the filing organizat	tion checke	d box A an	d "limited control" pro	visions apply.						
Limit	ts on Lobby	/ing Exper	nditures		(a) Filing organization's	(b) Affiliated group totals				
(The term "expend	ditures" me	ans amou	nts paid or incurred.)		totals	lotais				
1a Total lobbying expenditures to influ	ience public	opinion (g	rassroots lobbying)							
<b>b</b> Total lobbying expenditures to influ	uence a legi	slative bod	y (direct lobbying)		7,963.					
c Total lobbying expenditures (add lir	nes 1a and	1b)			7,963.					
d Other exempt purpose expenditure	es				52,495,215.					
e Total exempt purpose expenditures	s (add lines	1c and 1d)			52,503,178.					
f Lobbying nontaxable amount. Ente	er the amou	nt from the	following table in both	o columns.	1,000,000.					
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable amo	ount is:						
Not over \$500,000		20% of t	he amount on line 1e.							
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.						
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.						
Over \$17,000,000		\$1,000,0	000.							
g Grassroots nontaxable amount (en	ter 25% of l	ine 1f)			250,000.					
h Subtract line 1g from line 1a. If zero	o or less, er	ter -0			0.					
i Subtract line 1f from line 1c. If zero	or less, en	ter -0			0.					
j If there is an amount other than zer	ro on either	line 1h or l	ine 1i, did the organiza	tion file Form 4720						
reporting section 4911 tax for this	year?					Yes No				
			raging Period Under							
(Some organizations th			)1(h) election do not h ate instructions for lin		of the five columns be	elow.				
			ditures During 4-Yea							
	LODD	ing Exper	luitures During 4- rea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2	017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total				
2a Lobbying nontaxable amount	1,0	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		62,300.	5,375.	3,187.	7,963.	78,825.				
d Grassroots nontaxable amount	2	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		58,050.			0.	58,050.				

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

# 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)).

Ford	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	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:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
-	g Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	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					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion		
	501(c)(6).					
				Yes	Νο	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		<u>3</u>	tion		
I UI	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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 politi	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year					
	Carryover from last year					
c						
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
-	expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)		4			
5 Par			. 5			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group	liot): Dort II A	linco 1 o	nd 2 (Soo		
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. DULE C, PART II-A, LINE 1B:	nst, Fait IFA	, iiries i a	10 2 (366		
	SYING EXPENDITURES					
HIAS	DEVELOPS AND PROMOTES POLICIES AND BUILDS CONSTITUENCIES IN ORDER TO					
INCH	REASE SUPPORT FOR HIAS' WORK AND ACHIEVE HIAS ADVOCACY PRIORITIES					
INCI	JUDING A ROBUST HUMANITARIAN AID PROGRAM TO REFUGEES BY THE UNITED					
STAT	S GOVERNMENT, IN 2020, HIAS ADVOCATED FOR INCREASED REFUGEE					

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

ADMISSIONS; ROBUST FUNDING FOR INTERNATIONAL AND DOMESTIC REFUGEE

PROGRAMS; AND OPPOSED THE INTRODUCTION OF LEGISLATION AND ADMINISTRATIVE

ACTIONS THAT WOULD CURTAIL ASYLUM IN THIS COUNTRY. IN ADDITION, HIAS

PROVIDED REGIONAL ADVOCACY TRAININGS FOR ADVOCATES FROM THE AMERICAN

JEWISH COMMUNITY. AS A RESULT OF THESE TRAININGS AND FOLLOW-UP SUPPORT.

THERE ARE NOW MORE THAN 10 ACTIVE JEWISH COALITIONS ADVOCATING FOR REFUGEE

WELCOME AROUND THE COUNTRY.

Schedule C (Form 990 or 990-EZ) 2020

032044 12-02-20

13351001 153424 0191786-00037

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
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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.



Name	e of the organization HIAS, INC.			Employer identification number 13-5633307
Par	•	d Funds or Other Similar Funds	or Ac	
T ai				Complete il the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds		b) Funds and other accounts
	Table such as the defense		,	
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Par				
			Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation	<i>'</i>		rically important land area
	Protection of natural habitat		of a certif	ied historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form	of a cor	
	day of the tax year.			Held at the End of the Tax Year
a				2a
b				2b
c	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	ation during the tax
	year	ement is leasted		
	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
U		handling of violations, and emotoling com	Scivation	reasements during the year
7	<ul> <li>Amount of expenses incurred in monitoring, inspecting, hand</li> </ul>	lling of violations, and enforcing conserva	ation eas	ements during the year
•		and chloroling concerve		omonto during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(	))
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	5		
Par		Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in f	urtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	···· · · · · · · · · · · · · · · · · ·			► \$
2	If the organization received or held works of art, historical trea			rovide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Sche	dule D (Form 990) 2020 HIAS, INC.					13-5633		Pa	age <b>2</b>
Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or Othe	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that make s	significant	use of its			
	collection items (check all that apply):	,	· · ·	0	0				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e							
c	Preservation for future generations	-							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mot ouroo	se in Part )	<ul><li>KIII</li></ul>		
5	During the year, did the organization solicit or	-	•	-					
•	to be sold to raise funds rather than to be ma		•				Yes		No
Pa	t IV Escrow and Custodial Arrang					) Part IV li			
	reported an amount on Form 990, Par		te il the organizatio		0000	, i aitiv, ii	110 0, 01		
19	Is the organization an agent, trustee, custodia		any for contribution	e or other sesete not	included				
Id							Yes		No
<b>L</b>	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					∟	lies		
D	In res, explain the arrangement in Part XIII a	and complete the foll	owing table.				A		
	De sinsis a la des se						Amoun	[	
	Beginning balance								
a	Additions during the year								
e	Distributions during the year								
	Ending balance				<b>1</b> f	I			1
	Did the organization include an amount on Fo				• • • • • • •	L	Yes	-	_ No
Pa	If "Yes," explain the arrangement in Part XIII.								
1 4	<b>t V Endowment Funds.</b> Complete it						() [		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three		(e) Four		
	Beginning of year balance	48,157,515.	40,061,053.	44,932,975.	· · ·	02,997.		781,	
b	Contributions	3,399,128.	1,703,471.			26,958.		205,	
	Net investment earnings, gains, and losses	4,422,959.	8,254,540.	-2,734,694.		54,208.	۷,	187,	
	Grants or scholarships				1	.69,389.		443,	585.
е	Other expenditures for facilities	4 050 010				00 400	-	F 4 4	0.6.2
	and programs	4,052,016.	1,861,549.	2,969,006.	-	89,406.	5,	541,	
f	Administrative expenses	54 005 505	40.455.545	40.000.050		92,393.		286,	
g	End of year balance	51,927,586.	48,157,515.		44,9	32,975.	41,	902,	997.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	91.1830	_%						
b	Permanent endowment	%							
С	Term endowment  8.8170								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he organiz	ation	r		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization						3b		L
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost		Accumulate		<b>(d)</b> Boo	k valu	е
		basis (investm	ient) basis	(other) de	epreciation				
1a	Land								
b	Buildings								
	Leasehold improvements			,150,374.	532,	718.	1,	617,	656.
	Equipment		1	,033,765.	890,	193.		143,	572.
	Other			383,316.				383,	316.
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part >	(. column (B). line 1	0c.)			2,	144,	544.
			· · · · · · · · · · · · · · · · · · ·			Schedule	D (Forn	1 990)	2020

13351001 153424 0191786-00037

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COLLECTIVE TRUST	1,940,870.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	10,379,133.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,320,003.	

#### 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, col. (B) line 13.)		

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1) INT	TERCOMPANY RECEIVABLES	9,568,419.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Coll	ımn (b) must equal Form 990, Part X. col. (B) line 15.)	9,568,419.
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.	(a) Description of hability	
(1)	Federal income taxes	
(2)	CLIENT DEPOSITS	4,499,666.
(3)	PENSION OBLIGATIONS	7,235,071.
(4)	ANNUITY OBLIGATIONS	1,485,165.
(5)	SEVERANCE OBLIGATIONS	2,428,698.
(6)	INTERCOMPANY PAYABLE	6,709,651.
(7)	DEFERRED RENT	1,282,165.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X. col. (B) line 25.)	23,640,416.

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

Schedule D (Form 990) 2020

032053 12-01-20

Schedule D (Form 990) 2020 HIAS, INC.		13-5633307 Page <b>4</b>
Part XI Reconciliation of Revenue per Audi	ted Financial Statements With F	Revenue per Return.
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited fir	ancial statements	1
2 Amounts included on line 1 but not on Form 990, Part	VIII, line 12:	
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but i		
a Investment expenses not included on Form 990, Part	/III, line 7b 4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Fo	orm 990. Part I. line 12.)	
Part XII Reconciliation of Expenses per Aud	ited Financial Statements With	Expenses per Return.
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial staten	nents	
2 Amounts included on line 1 but not on Form 990, Part		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but no		
a Investment expenses not included on Form 990, Part	1 1	
	4b	
		4c
5 Total expenses. Add lines 3 and 4c. (This must equal l		
Part XIII Supplemental Information.	0111 330, Part I, III 78.)	
Provide the descriptions required for Part II, lines 3, 5, and 9	· Part III lines 1a and 4· Part IV lines 1b a	and 2h: Part V, line 4: Part X, line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete		
	the part to provide any additional morn	
PART V, LINE 4:		
INTENDED USE OF ENDOWMENT FUNDS		
PERMANENTLY RESTRICTED NET ASSETS ARE COMPRIS	SED OF INVESTMENTS STIPULATED	
IN THE DONOR'S AGREEMENT AND ARE TO BE HELD :	IN PERPETUITY, USE OF	
APPROPRIATIONS FROM PERMANENTLY RESTRICTED N	ET ASSETS ARE STIPULATED IN	

THE DONOR'S AGREEMENT AND MAY BE USED FOR SCHOLARSHIPS OR GENERAL

EXPENDITURES.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

HIAS FOLLOWS THE ACCOUNTING GUIDANCE THAT CREATES A SINGLE MODEL TO

ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES ACCOUNTING FOR INCOME

032054 12-01-20

Part XIII Supplemental Information (continued)

TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS

REQUIRED TO MEET BEFORE BEING RECOGNIZED IN ITS CONSOLIDATED FINANCIAL

STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, ORGANIZATIONS COULD

NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF TAX POSITIONS

THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THIS GUIDANCE

PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE

RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE

CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. HIAS IS NOT

REQUIRED TO RECORD SUCH AN OBLIGATION.

032055 12-01-20

## 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.

Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE F (Form 990)

HIAS	, INC.	13-5633307
Pa	t I General Information on Activities Outside the United States. Complete if the organ	nization 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 the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance.	, La
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and ot	her assistance outside the

~	
	United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region

<b>(a)</b> Region	<b>(b)</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, pro- gram services, investments, grants to recipients located in the region)	<ul> <li>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</li> </ul>	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	3	71	PROGRAM SERVICES	REFUGEE ASSISTANCE	4,475,554.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	2	47	PROGRAM SERVICES	REFUGEE ASSISTANCE	5,096,644.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,	1	14	PROGRAM SERVICES	REFUGEE ASSISTANCE	870,819.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	REFUGEE ASSISTANCE	35,000.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	4	409	PROGRAM SERVICES	REFUGEE ASSISTANCE	21,253,429.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	2	22	PROGRAM SERVICES	REFUGEE ASSISTANCE	3,414,958.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	GRANTMAKING		3,683,108.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	0	0	GRANTMAKING		548,929.
3 a Subtotal	12	563			39,378,441.
<b>b</b> Total from continuation					
sheets to Part I	1	42			2,834,184.
c Totals (add lines 3a					
and 3b)	13	605			42,212,625.

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

Schedule F (Form 990) 2020

35 2020.04030 HIAS, INC.



No

Schedule F (Form 990) Part I Continuatio	HIAS, INC.	s per Region	• (Schedule F (Form 990), Part I, line 3	13-5633307	Page
(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 expenditure for region
AIDDLE EAST AND					
IORTH AFRICA -					
ALGERIA, BAHRAIN,					
JIBOUTI, EGYPT,	0	0	GRANTMAKING		736,09
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	GRANTMAKING		280,47
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	GRANTMAKING		1,817,61
IORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	1	42	PROGRAM SERVICES	REFUGEE ASSISTANCE	
Fotals	1	42			2,834,184

032181 04-01-20

# 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	SUB-AWARD	741,448.	CHECK	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	SUB-AWARD	736,093.	снеск	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	SUB-AWARD	1,076,166.	снеск	٥.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	SUB-AWARD	222,640.	снеск	٥.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	SUB-AWARD	57,838.	СНЕСК	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	SUB-AWARD	1,195,767.	СНЕСК	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	SUB-AWARD	643,631.	СНЕСК	0.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	SUB-AWARD	1,147,162.	CHECK	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	recognized as a tax			
			or counsel has provided a sec		•	▶		1
3 Enter total number of	•		·		• • • • • • • • • • • • • • • • • • • •	•		

Schedule F (Form 990) 2020

Schedule F (Form 990) HIAS, INC.					13-5633307 Page <b>2</b>			
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		, ,	SUB-AWARD	696,547.	СНЕСК	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) -						
		ALBANIA, ANDORRA,	SUB-AWARD	1,618,146.	СНЕСК	0.		

13-5633307

**(h)** Method of valuation (book, FMV, appraisal, other)

# 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. Part III can be duplicated if additional space is needed. (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance

Schedule F (Form 990) 2020

Scheo	dule F (Form 990) 2020 HIAS, INC.	13-5633307	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990</i> )	Yes	X No

Schedule F (Form 990) 2020

## Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS OUTSIDE THE UNITED STATES

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

INITIATE, PROCESS, REVIEW, AUTHORIZE, AND ACCURATELY AND TIMELY RECORD

TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND

SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP

FINANCIAL REPORTING, BUDGET-TO-ACTUAL VARIANCE MANAGEMENT REPORTING, AND

GRANT-SPECIFIC REPORTING. MANAGEMENT'S OVERSIGHT ENSURES THAT

PROGRAMMATIC GRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND

REASONABLE EXPENSES APPLICABLE TO THE SOURCE'S INTENTION.

PART I, LINE 3:

ACCOUNTING METHOD USED

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

ACCOUNTING.

032075 12-03-20

13351001 153424 0191786-00037

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		lete if the organizatio					
Department of the Treasury	-	-	Attach to For				Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization HIAS, INC.							Employer identification number 13-5633307
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than s	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	1
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
US TOGETHER, INC.							
SEE PART IV							REFUGEE RECEPTION &
COLUMBUS, OH 99999	85-2395108	501(C)(3)	1,210,417.	0.			PLACEMENT
JEWISH FAMILY SERVICE OF SAN DIEGO SEE PART IV							REFUGEE RECEPTION &
SAN DIEGO, CA 99999	95-1644024	501(C)(3)	641,493.	0.			PLACEMENT
JEWISH FAMILY SERVICE OF SEATTLE SEE PART IV SEATTLE, WA 99999	91-0565537	501(C)(3)	574,858.	0.			REFUGEE RECEPTION & PLACEMENT
HIAS & COUNCIL MIGRATION SERVICE OF PHILADELPHIA - SEE PART IV - PHILADELPHIA, PA 99999	21-1405597	501(C)(3)	567,366.	0.			REFUGEE RECEPTION & PLACEMENT
CAROLINA REFUGEE RESETTLEMENT AGENCY – SEE PART IV – CHARLOTTE, NC 99999	30-0577219	501(C)(3)	533,985.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICES SEE PART IV ANN ARBOR, MI 99999	41-2147486	501(C)(3)	508,788.	0.			REFUGEE RECEPTION & PLACEMENT
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table			•	19.
3 Enter total number of other organizations							0.
<i>j</i>							F

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

Schedule I (Form 990) HIAS, INC.

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST JEWISH FAMILY & COMMUNITY SERVICES - SEE PART IV - CLEARWATER, FL 99999	59-1229354	501(C)(3)	461,491.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY & CHILDREN'S SERVICE SEE PART IV PITTSBURGH, PA 99999	25-0965407	501(C)(3)	449,860.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - SEE PART IV - BUFFALO, NY 99999	16-0760888	501(C)(3)	412,575.	0.			REFUGEE RECEPTION & PLACEMENT
NORWEIGAN REFUGEE COUNCIL -NRC SEE PART IV WASHINGTON, DC 99999	47-5342860	501(C)(3)	397,865.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMLY & CHLDRN SERVICES OF THE EAST BAY - SEE PART IV - BUFFALO, NY 99999	94-3250304	501(C)(3)	345,339.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - SEE PART IV - SPRINGFIELD, MA 99999	04-2104352	501(C)(3)	316,280.	0.			REFUGEE RECEPTION & PLACEMENT
JEWISH FAMILY SERVICES OF SILICON VALLEY - SEE PART IV - LOS GATOS, CA 99999	94-2536452	501(C)(3)	214,109.	0.			REFUGEE RECEPTION & PLACEMENT
ASYLUM SEEKER ASSISTANCE PROJECT SEE PART IV WASHINGTON, DC 99999	81-3205931	501(C)(3)	183,759.	0.			REFUGEE RECEPTION & PLACEMENT
MADISON JFS SEE PART IV MADISON, WI 99999	39-1300430	501(C)(3)	179,121.	0.			REFUGEE RECEPTION & PLACEMENT

Schedule I (Form 990)

Schedule I (Form 990)	HIAS,	INC.
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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS AMERICAS IMMIGRANT ADVOCACY CENTER - SEE PART IV - EL PASO, TX 99999	74-2472774	501(C)(3)	124,719.	0.			REFUGEE RECEPTION & PLACEMENT
WILMINGTON JFS SEE PART IV WILMINGTON, DE 99999	51-0097026	501(C)(3)	80,972.	0.			REFUGEE RECEPTION & PLACEMENT
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUC - SEE PART IV - CHICAGO, IL 99999	36-6110299	501(C)(3)	70,517.	0.			REFUGEE RECEPTION & PLACEMENT
DIOCESAN MIGRANT AND REFUGEE SERVICES, INC SEE PART IV - EL PASO, TX 99999	74-2723627	501(C)(3)	42,829.	0.			REFUGEE RECEPTION & PLACEMENT

Schedule I (Form 990)

Schedule I (Form 990) 2020 HI

HIAS, INC.

13-5633307

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PROCEDURE FOR MONITORING GRANT FUNDS IN THE UNITED STATES

HIAS CONDUCTS WORLDWIDE OPERATIONS USING A SYSTEM OF INTERNAL CONTROLS TO

INITIATE, PROCESS, REVIEW, AUTHORIZE, AND ACCURATELY AND TIMELY RECORD

TRANSACTIONS INTO THE ACCOUNTING SYSTEM. THE ACCOUNTING SYSTEM AND

SUPPLEMENTARY MANAGEMENT REPORTING SERVE AS REPORTING TOOLS FOR GAAP

FINANCIAL REPORTING, BUDGET-TO-ACTUAL VARIANCE MANAGEMENT REPORTING, AND

GRANT-SPECIFIC REPORTING. MANAGEMENT'S OVERSIGHT ENSURES THAT PROGRAMMATIC

GRANTS AND ALLOCATIONS, AND DONOR CONTRIBUTIONS, FUND REASONABLE EXPENSES

APPLICABLE TO THE SOURCE'S INTENTION.

SCHEDULE I, PART II:

DOMESTIC ORGANIZATION AND GOVERNMENT ADDRESSES

IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT

ANTI-SEMITISM IN THE UNITED STATES AND ABROAD AS DOCUMENTED BY DHS

FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT

ANTI-SEMITISM, HIAS IS PROVIDING THE CITY AND STATE ADDRESSES OF OUR US

AFFILIATES AND THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY

OFFICES.

Schedule I (Form 990)

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SC	HEDULE J	Compensatio	on Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Tru	istees, Key Employees, and Highest		20	20	•
		Compensate	ed Employees		20	ZU	)
Dena	tment of the Treasury	Complete if the organization answere Attach to			Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for in	nstructions and the latest information.		Inspe		
Nam	e of the organizatio			Employer id		on nur	nber
		HIAS, INC.		13-56	33307		
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the fo		990,			
		ine 1a. Complete Part III to provide any relevant inf					
	First-class or c		Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
			Health or social club dues or initiation fees				
		pending account	Personal services (such as maid, chauffeu	r, cnet)			
Ŀ.	If any of the barres	n line to are checked did the averagination follows	a written policy recording as west				
D	•	on line 1a are checked, did the organization follow a			416	x	
~		rovision of all of the expenses described above? If			<u>1b</u>	Δ	
2	-	require substantiation prior to reimbursing or allov			2	x	
	trustees, and onice	s, including the CEO/Executive Director, regarding			🔼		
3	Indicato which if a	y, of the following the organization used to establis	sh the componention of the organization's				
5		ctor. Check all that apply. Do not check any boxes		n to			
		tion of the CEO/Executive Director, but explain in F					
	X Compensation		Written employment contract				
			Compensation survey or study				
	X Form 990 of o		Approval by the board or compensation of	ommittee			
			Approval by the board of compensation of	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
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 re						
а		-			4a		x
b		eive payment from a supplemental nonqualified reti					x
c	-	eive payment from an equity-based compensation					x
	-	es 4a-c, list the persons and provide the applicable	-				
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the org		n			
	contingent on the r		· · ·				
а	-				. 5a		х
		ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				. 6a		x
b		ation?					x
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the org					
		es 5 and 6? If "Yes," describe in Part III			. 7		X
8	Were any amounts	eported on Form 990, Part VII, paid or accrued put	rsuant to a contract that was subject to th	е			
	initial contract exce	otion described in Regulations section 53.4958-4(a)	a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presur					
		53.4958-6(c)?			. 9		
LHA	For Paperwork R	duction Act Notice, see the Instructions for For	m 990.	Schedu	ile J (Forn	n <b>990</b> )	2020

032111 12-07-20

#### 13-5633307

### 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(D)(!) <sup>-</sup> (D)	reported as deferred on prior Form 990	
(1) MARK HETFIELD	(i)	345,150.	1,200.	0.	14,250.	31,231.	391,831.	0.	
PRESIDENT AND CEO	(ii)	٥.	0.	0.	0.	0.	٥.	0.	
(2) FARHAN IRSHAD	(i)	212,024.	0.	0.	10,931.	35,612.	258,567.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(3) MELANIE NEZER	(i)	217,758.	0.	0.	9,803.	27,401.	254,962.	0.	
SENIOR VP, PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(4) MIRIAM FEFFER	(i)	190,619.	0.	0.	8,740.	31,299.	230,658.	0.	
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(5) MULUEMEBET HUNEGNAW	(i)	181,004.	0.	0.	8,555.	32,682.	222,241.	0.	
VP, STRATEGY & MEASUREMENT	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(6) ELIZABETH SWEET	(i)	200,770.	0.	0.	9,253.	10,299.	220,322.	0.	
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	٥.	0.	
(7) RACHEL LEVITAN	(i)	180,115.	0.	0.	8,484.	28,250.	216,849.	0.	
VP INTERNATIONAL PROGRAMS	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(8) EMILY RUSS	(i)	127,255.	0.	24,300.	0.	64,797.	216,352.	0.	
AUSTRIA COUNTRY DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(9) RAPHAEL MARCUS	(i)	178,281.	0.	0.	9,044.	22,220.	209,545.	0.	
SENIOR VP PROGRAMS	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(10) RUI LOPES	(i)	155,395.	0.	0.	7,919.	42,853.	206,167.	0.	
CHIEF INFORMATION OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(11) JESSICA REESE	(i)	168,238.	1,200.	0.	8,352.	0.	177,790.	0.	
DIR, STRATEGIC PARTNERSHIPS	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

#### 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.

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

DURING THE YEAR. HIAS PAID FOR ADDITIONAL TAX LIABILITY ON EDUCATIONAL

ALLOWANCE FOR THE DEPENDENTS OF THE COUNTRY DIRECTOR FOR THE AUSTRIA

OFFICE EMILY RUSS. THIS ADJUSTMENT WAS REPORTED UNDER EMILY RUSS'

OTHER REPORTABLE COMPENSATION. THIS WAS IN LINE WITH EUROPEAN UNION

TAXATION AND COMPLIANCE REQUIREMENTS.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-5633307

HIAS, INC.

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

DRAWING ON OUR JEWISH VALUES AND HISTORY, HIAS PROVIDES VITAL SERVICES

TO REFUGEES AND ASYLUM SEEKERS AROUND THE WORLD AND ADVOCATES FOR THEIR

FUNDAMENTAL RIGHTS SO THEY CAN REBUILD THEIR LIVES.

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

HIAS IS THE INTERNATIONAL JEWISH NONPROFIT THAT STANDS FOR A WORLD IN

WHICH REFUGEES FIND WELCOME, SAFETY, AND FREEDOM.

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

WILLING TO PROTECT AND WELCOME THEM. NEARLY 80 MILLION PEOPLE HAVE FLED

PERSECUTION. 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 15 OTHER COUNTRIES,

PROVIDING VITAL SERVICES TO REFUGEES AND ASYLUM SEEKERS SO THEY CAN

REBUILD THEIR LIVES. WITH THE AMERICAN JEWISH COMMUNITY BESIDE US, WE

ADVOCATE FOR THE RIGHTS OF FORCIBLY DISPLACED PEOPLE OF ALL FAITHS,

NATIONALITIES AND ETHNIC BACKGROUNDS.

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

PROGRAM SERVICE ACTIVITY 1

THE NUMBER OF FORCIBLY DISPLACED PEOPLE CONTINUES TO RISE AROUND THE

WORLD, BY THE END OF 2020 THERE WERE ABOUT 82.4 MILLION FORCIBLY

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

RESPONDING BY REDUCING RESETTLEMENT PROGRAMS AND REFUGEE PROTECTIONS TO

ALL-TIME LOWS. IN THE COUNTRIES WHERE PROTECTIONS DO EXIST, ASYLUM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 50 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization HIAS, INC.	Employer identification number 13-5633307
SEEKERS OFTEN MUST NAVIGATE COMPLEX BUREAUCRATIC AND LEGAL SYSTEMS	
ALONE TO SECURE BASIC RIGHTS. AS A RESULT OF THEIR EXPERIENCES-FROM	
UPROOTING THEIR LIVES TO SURVIVING OR WITNESSING VIOLENCE-MANY REFUGEES	
NEED URGENT SERVICES AS WELL AS LONG-TERM SUPPORT, LIKE ECONOMIC	
ASSISTANCE, LEGAL AID, AND PSYCHOSOCIAL CARE, IN ORDER TO GAIN GREATER	
STABILITY AND REBUILD THEIR LIVES.	
THE MAJORITY OF FORCIBLY DISPLACED PEOPLE ARE WOMEN AND GIRLS. MANY	
FACE DISPROPORTIONATE AND DEVASTATING CHALLENGES, INCLUDING SEXUAL AND	
GENDER-BASED VIOLENCE. CHILDREN ACCOUNT 30 PERCENT OF THE WORLD	
POPULATION, BUT REPRESENT AN ESTIMATED 42 PERCENT OF THE WORLD'S	
FORCIBLY DISPLACED PEOPLE	
AT HIAS, WE HAVE SEEN THROUGHOUT OUR HISTORY THAT REFUGEES AND THEIR	
FAMILIES MAKE VALUABLE CONTRIBUTIONS TO OUR COMMUNITIES. THEY SEIZE	
OPPORTUNITIES THAT THE RIGHTS TO LIVE, WORK, AND LEARN IN SAFETY AND	
FREEDOM OFFER TO REBUILD THEIR LIVES AND THRIVE.	
HIAS PARTNERS CLOSELY WITH DOMESTIC AND INTERNATIONAL LEADERSHIP, LIKE	
THE U.S. DEPARTMENT OF STATE AND THE UNITED NATIONS HIGH COMMISSIONER	
FOR REFUGEES, AS WELL AS REFUGEE AGENCIES AND HUMAN RIGHTS GROUPS. OUR	
WELL-ESTABLISHED PARTNERSHIPS ENABLE US TO SHARE OUR EXPERTISE, ACHIEVE	
OUR ADVOCACY OBJECTIVES, AND MAXIMIZE OUR IMPACT. WE PROVIDE VITAL AND	
URGENT SERVICES TO REFUGEES IN THE UNITED STATES AND 15 OTHER COUNTRIES	
AND ADVOCATE FOR THE RIGHTS OF ASYLUM SEEKERS AND FORCIBLY DISPLACED	
PEOPLE.	

WE PROVIDE LEGAL SERVICES AND SUPPORT, INCLUDING FREE LEGAL

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Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization HIAS, INC.	Employer identification number 13-5633307
REPRESENTATION FOR ASYLUM SEEKERS. LEGAL STATUS IS CRITICAL FOR	10 000000
REFUGEES. IT ENSURES THE GOVERNMENT WON'T RETURN THEM TO THE COUNTRY	
WHERE THEY FACE PERSECUTION. IT PROVIDES A SENSE OF SAFETY AND	
PERMANENCE, AND OPENS ACCESS TO HEALTHCARE, SHELTER, WORK, AND	
EDUCATION. OUR NETWORK OF PRO-BONO LAWYERS AND VOLUNTEERS EDUCATE	
REFUGEES ON THEIR RIGHTS, AND HELP THEM PREPARE LEGAL DOCUMENTS AND	
GAIN ACCESS TO SOCIAL, HEALTH, EMPLOYMENT, AND OTHER ESSENTIAL SERVICES	
THROUGHOUT THE COURSE OF THEIR LEGAL PROCEEDINGS. IMMIGRANTS, REFUGEES,	
AND ASYLUM SEEKERS DON'T HAVE THE RIGHT TO APPOINTED COUNSEL, WHICH	
MAKES OUR PRO-BONO LAWYERS CRITICAL TO THEIR CASES. IN ADDITION TO	
INDIVIDUAL REPRESENTATION, HIAS ENGAGES IN STRATEGIC LITIGATION IN	
PARTNERSHIP WITH NGOS, COMMUNITY ORGANIZATIONS, AND LAW FIRMS TO SECURE	
LEGAL PROTECTION FOR BROADER GROUPS OF FORCIBLY DISPLACED PEOPLE.	
WE PREVENT GENDER-BASED VIOLENCE BY REDUCING RISK; HELPING SURVIVORS,	
WOMEN, GIRLS, AND LGBTQ+ PEOPLE FIND HEALTHCARE AND SAFETY; AND	
CHANGING BELIEFS THAT PERPETUATE VIOLENCE. THIS AREA OF OUR WORK IS	
DRIVEN BY SURVIVORS. BECAUSE WE PRIORITIZE THEIR LEADERSHIP AND	
EXPERIENCES, WE'RE ABLE TO DEVELOP MORE TAILORED AND EFFECTIVE PROGRAMS	
THAT SUPPORT ALL REFUGEES. WE REDUCE THE RISK OF GENDER-BASED VIOLENCE	
BY BUILDING WOMEN'S AND GIRLS' ECONOMIC ASSETS, SUPPORTING SAFE SPACES	
FOR THEM TO FORGE BONDS OF SOLIDARITY AND TRUST, AND RAISING AWARENESS	
OF THEIR RIGHTS AND THE SERVICES AVAILABLE TO THEM. WE ALSO TRAIN	
COMMUNITY LEADERS TO RECOGNIZE AND WORK WITH WOMEN, GIRLS, AND LGBTQ+	
INDIVIDUALS TO ENSURE THEY'RE SAFE. WE HELP SURVIVORS IMPROVE THEIR	
WELL-BEING, FIND SOLIDARITY, AND HEAL THROUGH CASE MANAGEMENT,	
PSYCHOSOCIAL SERVICES, AND REFERRALS TO LEGAL SERVICES AND WOMEN'S	
GATHERING PLACES. WE ADDRESS THE ROOT CAUSE OF GENDER-BASED VIOLENCE BY	
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<sup>52</sup> 2020.04030 HIAS, INC.

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization HIAS, INC.	Employer identification number 13-5633307
WORKING WITH MEN AND BOYS TO BUILD HEALTHY NORMS AROUND MASCULINITY AND	
UNDERSTAND THEIR ROLE IN PROMOTING THE HEALTH AND SAFETY OF WOMEN AND	
GIRLS.	
OUR COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMS	
HELP INDIVIDUALS AND FAMILIES RECOVER FROM THE STRESS OF DISPLACEMENT	
AND DEVELOP HEALTHY COPING MECHANISMS.	
COMMUNITIES KNOW WHAT THEY NEED TO IMPROVE THE WELL-BEING OF THEIR	
MEMBERS. WE LISTEN CLOSELY AND BUILD ON COMMUNITIES' EXISTING STRENGTHS	
AND RESOURCES SO THAT OUR SUPPORT PROGRAMS ARE SUSTAINABLE AND	
EFFECTIVE. WE TRAIN KEY COMMUNITY MEMBERS TO RECOGNIZE HOW CHILDREN AND	
ADULTS RESPOND TO TRAUMATIC EVENTS, PROVIDE BASIC PSYCHOSOCIAL SUPPORT,	
AND REFER PEOPLE TO SPECIALIZED CARE. WE CREATE SHORT-TERM AND	
INTENSIVE CARE MECHANISMS WITHIN COMMUNITIES, SO THAT OUR CLIENTS CAN	
ACCESS THE SUPPORT THEY NEED URGENTLY. TO BUILD CONNECTION AND	
RESILIENCE, WE CREATE AND PROMOTE SUPPORT GROUPS BASED ON LANGUAGE,	
GENDER, AGE, AND OTHER FACETS OF IDENTITY. THESE GROUPS PROVIDE A SAFE	
FORUM FOR SHARING EXPERIENCES AND HEALING.	
THROUGH OUR ECONOMIC INCLUSION WORK, WE ENABLE REFUGEES TO WORK TOWARD	
FINANCIAL INDEPENDENCE AND CONTRIBUTE TO THEIR COMMUNITY. WE PROVIDE	
CASH ASSISTANCE TO REFUGEES LIVING IN EXTREME POVERTY AND OFFER	
EDUCATION AND COACHING ON ESTABLISHING HEALTHY FINANCIAL HABITS, LIKE	
THE IMPORTANCE OF SAVING AND HOW TO NAVIGATE BANKING INSTITUTIONS. WE	
PARTNER WITH PRIVATE 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	
032212 11-20-20 53	Schedule O (Form 990 or 990-EZ) 2020

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<sup>2020.04030</sup> HIAS, INC.

Schedule O (F	Form 990	or 990-EZ	) 2020
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Name of the organization

HIAS, INC.

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 2020:

- HIAS REACHED OVER 1,400,000 FORCIBLY DISPLACED PEOPLE WORLDWIDE,

INCLUDING THE PROVISION OF DIRECT SERVICES TO OVER 986,000 INDIVIDUALS.

IN 2020, HIAS PROVIDED RESETTLEMENT SUPPORT TO 8,841 PEOPLE

GLOBALLY, INCLUDING RESETTLING 2,319 REFUGEES IN THE US.

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

132,000 PEOPLE BOTH DIRECTLY AND INDIRECTLY.

- IN KENYA, HIAS SERVED OVER 2,300 PEOPLE DIRECTLY WITH COMMUNITY-BASED

APPROACHES TO BOTH INDIVIDUAL AND GROUP MHPSS SUPPORT.

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

NEEDS OF OVER 350,000 PEOPLE DISPLACED FROM SUDAN AND OTHER CONFLICT

AREAS

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

332,000 DISPLACED PEOPLE.

- IN MEXICO, HIAS SERVED OVER 25,000 PEOPLE THROUGH LEGAL ASSISTANCE

ACTIVITIES, SUPPORTED BY GENDER-BASED VIOLENCE (GBV) PREVENTION AND

MHPSS SERVICES.

- IN CHAD, HIAS STAFF CONDUCTED GBV AWARENESS AND SENSITIZATION

ACTIVITIES REACHING OVER 10,000 PEOPLE IN DISPLACED COMMUNITIES

- IN ECUADOR, HIAS' ECONOMIC INCLUSION PROGRAMS REACHED OVER 194,000

PEOPLE DIRECTLY AND INDIRECTLY THROUGH ITS FLAGSHIP GRADUATION MODEL

APPROACH, THE SOCIO-ECONOMIC SUPPORT PROGRAM (SESP), AND OTHER

LIVELIHOODS INTERVENTIONS

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization		Page Employer identification number
HIAS, INC.		13-5633307
- HIAS IS ONE OF THE LEADING LE	GAL AID PROVIDERS IN GREECE, WHERE WE	
SERVED 1,800 PEOPLE IN LEGAL PR	OTECTION ACTIVITIES AND REACHED AN	
ADDITIONAL 15,000 THROUGH ADVOC	ACY AND OUTREACH CAMPAIGNS.	
- HIAS IS ALSO ONE OF THE LEADI	NG LEGAL AID PROVIDERS FOR DISPLACED	
PEOPLE IN ISRAEL, WHERE WE SERV	TED OVER 2,700 DISPLACED PEOPLE DIRECTLY	
THROUGH LEGAL ASSISTANCE AND RE	PRESENTATION AND IMPACTED ANOTHER 16,000	
ASYLUM SEEKERS THROUGH WORK ON	STRATEGIC LITIGATION SUCCESSFULLY	
CHALLENGING ISRAEL'S DEPOSIT LA	W.	
FORM 990, PART III - PROGRAM SE	RVICE, LINE 4B:	
PROGRAM SERVICE ACTIVITY 2		
AS THE OLDEST RESETTLEMENT AGEN	CY IN THE WORLD AND THE ONLY JEWISH	
ORGANIZATION DESIGNATED BY THE	FEDERAL GOVERNMENT TO UNDERTAKE THIS	
HUMANITARIAN WORK, HIAS WORKS T	O HELP REFUGEES BUILD STABLE LIVES	
THROUGHOUT THE COUNTRY. DESPITE	A RECORD HIGH OF NEARLY 26 MILLION	
REFUGEES WORLDWIDE, THE NUMBER	OF REFUGEES ALLOWED TO RESETTLE IN THE	
U.S. WAS CAPPED AT 18,000 IN 20	20, MARKING A NEW HISTORIC LOW FOR THE	
U.S. REFUGEE ADMISSIONS PROGRAM	I SINCE THE 1980 REFUGEE ACT BECAME LAW.	
WITH FEWER NEW ARRIVALS, HIAS I	NTENSIFIED OUR WORK ACROSS THE U.S. TO	
ENHANCE THE ECONOMIC AND SOCIAL	INTEGRATION OF REFUGEES AS THEY ADJUST	
TO AMERICAN LIFE. THROUGH OUR N	ATIONAL RESETTLEMENT NETWORK OF 17	
AFFILIATES, HIAS PROVIDED CLIEN	TS WITH NEW PROGRAMMING AND RESOURCES TO	
SUPPORT THEIR FULL ECONOMIC AND	SOCIAL INCLUSION IN THE UNITED STATES.	
IN THE US, HIAS ASSISTED 5,200	PEOPLE WITH ECONOMIC AND SOCIAL	
INTEGRATION PROGRAMS, INCLUDING	RESETTLING 2,319 REFUGEES.	
HIAS' ECONOMIC INCLUSION PROGRA	MS TAKE A HOLISTIC APPROACH BY	
SUPPORTING AND EMPOWERING CLIEN	TS THROUGH EARLY EMPLOYMENT OR	
032212 11-20-20	55	Schedule O (Form 990 or 990-EZ) 202

Name of the organization	Page 2 Employer identification number
HIAS, INC.	13-5633307
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 ASSETSSUCH AS PURCHASING A VEHICLE OR HOME, STARTING A	
BUSINESS, OR SAVING FOR HIGHER EDUCATION. ACROSS A RANGE OF INDUSTRIES,	
HIAS PARTNERS WITH LOCAL AND NATIONAL EMPLOYERS TO INTEGRATE REFUGEES	
INTO THE WORKFORCE AND PROVIDE TRAINING FOR CAREER DEVELOPMENT AND	
UPWARD MOBILITY. OUR NETWORK OF AFFILIATES ALSO WORKS WITH COMMUNITY	
PARTNERS TO HELP REFUGEES LAUNCH OR EXPAND SMALL BUSINESSES, ACCESS	
CONTINUING EDUCATION, AND DEVELOP ENGLISH LANGUAGE PROFICIENCY.	
IN ADDITION TO ECONOMIC INCLUSION, HIAS' SOCIAL INCLUSION PROGRAMS HELP	
REFUGEES ACCESS CRITICAL SERVICES AND SUCCESSFULLY INTEGRATE INTO THEIR	
NEW COMMUNITIES WHILE MAINTAINING THEIR CULTURE AND IDENTITY. HIAS	
WORKS WITH CLIENTS TO IMPROVE MENTAL HEALTH AND PSYCHOSOCIAL	
WELL-BEING, BUILD SOCIAL SUPPORT NETWORKS, AND ADJUST TO DAILY LIFE IN	
A NEW COUNTRY AS THEY BEGIN TO HEAL FROM THE TRAUMA OF DISPLACEMENT.	
FORM 990, PART III - PROGRAM SERVICE, LINE 4C:	
PROGRAM SERVICE ACTIVITY 3	
HIAS MAINTAINS AN ACTIVE NETWORK OF PRO BONO ATTORNEYS IN ORDER TO	
OFFER AS MUCH SUPPORT AS POSSIBLE TO ASYLEES SEEKING LEGAL SERVICES. IN	
2020, HIAS MATCHED 96 CASES WITH PRO BONO ATTORNEYS IN THE U.S. AND	
ORGANIZED REGULAR PRO BONO ATTORNEY DELEGATIONS TO TRAVEL TO THE	
U.SMEXICO BORDER TO HELP ASYLUM SEEKERS. GROUPS OF ATTORNEYS WORKED	
WITH HIAS' PARTNER ORGANIZATIONS IN CALIFORNIA AND TEXAS TO OFFER	
DIRECT CLIENT SUPPORT. HIAS ESTABLISHED AN EARLY PRESENCE WORKING ON	
STUDE STIML STIML, WINS STUDETDUD IN HAUT INSDEACE WORKING ON	

<sup>2020.04030</sup> HIAS, INC.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization		Employer identification number
HIAS, INC.		13-5633307
BOTH SIDES OF THE SOUTHERN U.S. BORDERBECON	MING THE FIRST	
INTERNATIONAL ORGANIZATION TO IMPLEMENT CROSS	S-BORDER COLLABORATION TO	
ASSIST CENTRAL AMERICANS AND OTHERS IN MEXICO	D IN ACCESSING THE U.S.	
LEGAL SYSTEM TO FILE FOR ASYLUM. AS A RESULT	, HIAS BECAME A CRUCIAL	
ADVISOR AND ROLE MODEL TO OTHER ORGANIZATION	S SEEKING TO SERVE THE	
GROWING POPULATION OF REFUGEES AND ASYLUM SE	EKERS AT THE BORDER. HIAS'	
EARLY POSITION AS ONE OF THE ONLY INTERNATION	NAL ORGANIZATIONS OPERATING	
ON BOTH SIDES OF THE BORDER PROVIDED A UNIQUE	E VANTAGE POINT THAT	
ALLOWED US TO CHANNEL FACTS ON THE GROUND IN	TO OUR ADVOCACY WORK IN THE	
POLICY ARENA. HIAS' WRAP AROUND PROGRAM CONNI	ECTS LEGAL CLIENTS AND	
THEIR FAMILIES WITH THE BROAD SUPPORT THAT TH	HEY NEED AS THEY NAVIGATE	
LIFE IN A NEW COMMUNITY.		
FORM 990, PART III - PROGRAM SERVICE, LINE 41	D:	
OTHER PROGRAM SERVICES		
ADVOCACY IS FUNDAMENTAL TO OUR WORK. WE STAN	D UP FOR THE RIGHTS OF	
FORCIBLY DISPLACED PEOPLE AND LEAD THE JEWISH	H MOVEMENT FOR REFUGEES AND	
ASYLUM SEEKERS. WE EDUCATE, ORGANIZE, AND MO	BILIZE AMERICAN JEWS TO PUT	
THEIR VALUES INTO ACTION AND FIGHT FOR REFUG	EES IN THE U.S. AND	
GLOBALLY. WE WORK WITH GRASSROOTS ADVOCATES,	OPINION LEADERS,	
LEGISLATORS, AND POLICYMAKERS TO PROTECT AND	ADVANCE POLICIES THAT	
PROMOTE FAIR AND HUMANE ASYLUM LAWS, REFUGEE	RESETTLEMENT, AND	
INTEGRATION. WE FUEL THE JEWISH RESPONSE TO 2	THE GLOBAL REFUGEE CRISIS	
BY EQUIPPING CLERGY, LEADERSHIP, CONGREGATION	NS, AND INDIVIDUALS WITH	
THE TOOLS AND IDEAS TO FIGHT FOR THE RIGHTS (	OF ASYLUM SEEKERS LOCALLY	
AND HOLD ELECTED OFFICIALS ACCOUNTABLE. OUR A	ADVOCACY TEAM WORKS IN	
WASHINGTON, DC, DIRECTLY ENGAGING WITH CONGRI	ESS AND THE ADMINISTRATION	
TO EXPAND THE RIGHTS AND PROTECTIONS OF REFU	GEES NATIONWIDE.	
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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification number
HIAS, INC.	13-5633307
TATEWIDE COALITIONS AND LOCAL PARTNERSHIPS FUEL HIAS' WORK IN THE	
OMMUNITY AT THE GRASSROOTS LEVEL ACROSS THE NATION. THROUGHOUT THE	
COUNTRY, AND WITH THE FOCUSED WORK OF OUR ESTABLISHED REGIONAL OUTREACH	
ROGRAMS IN WASHINGTON, D.C., NEW YORK, AND, AS OF 2020, LOS ANGELES,	
HAS ENGAGES WITH A BROAD RANGE OF ORGANIZATIONS AND LEADERS ACROSS THE	
COUNTRY TO EDUCATE COMMUNITIES ABOUT THE ISSUES FACING REFUGEES AND	
SYLUM SEEKERS AND MOBILIZE SUPPORT TO ADVANCE THEIR RIGHTS. IN 2020,	
VER 2,000 PEOPLE PARTICIPATED IN HIAS-LED, IN-PERSON ADVOCACY	
CAMPAIGNS, AND 24,704 PEOPLE PARTICIPATED IN ONLINE CAMPAIGNS. HIAS	
ELD 148 COMMUNITY PROGRAMS, EDUCATIONAL SESSIONS, TRAININGS, AND	
RIEFINGS WITH A TOTAL OF 3,432 PARTICIPANTS.	
ORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
ARUBA, AUSTRIA, CHAD, COSTA RICA,	
CUADOR, FRANCE, GREECE, ISRAEL,	
ENYA, PANAMA, GEORGIA, RUSSIA,	
IGANDA, UKRAINE, VENEZUELA	
FORM 990, PART VI, SECTION A, LINE 4:	
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	
N NOVEMBER 2020, THE HIAS BOARD APPROVED A RESTATED CERTIFICATE OF	
NCORPORATION UNDER THE STATE OF NEW YORK. THE RESTATED CERTIFICATE OF	
NCORPORATION REFLECTS SEVERAL CHANGES APPROVED BY THE BOARD IN THE YEAR	
INCE THE FIFTH AMENDED AND RESTATED BY-LAWS WAS ADOPTED IN 2019. THOSE	
HANGES INCLUDE THE TYPE OF CORPORATION, THE LOCATION OF THE CORPORATION,	
ND THE SIZE OF THE BOARD. THE AMENDED BY-LAWS WERE FURTHER REVISED WITH	
THE ASSISTANCE OF EXTERNAL LEGAL COUNSEL TO STREAMLINE, CLARIFY LANGUAGE,	Schedule O (Form 990 or 990-EZ) 202
32212 11-20-20 58 1001 153424 0191786-00037 2020 04030 HTAG TNC	

<sup>2020.04030</sup> HIAS, INC.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
HIAS, INC.	13-5633307
AND ENSURE THAT THE BY-LAWS FULLY COMPLY WITH NEW YORK STATE LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
THE FORM 990 IS PREPARED AND REVIEWED BY GRANT THORNTON. THE HIAS PRESIDENT	
AND CEO, COO, AND BOARD OF DIRECTORS PERFORM A DETAILED REVIEW OF THE FORM	
990 PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 WAS MADE	
AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS. QUESTIONS RAISED BY THE	
BOARD WERE DISCUSSED IN DETAIL. A CALL TO REVIEW THE 990 IN DETAIL WITH THE	
BOARD AND EXTERNAL AUDITORS AND MANAGEMENT WAS SCHEDULED ON AUGUST 31,	
2021. FORM 990 WAS FILED WITH THE IRS AFTER THAT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY	
ALL SENIOR OFFICIALS AND EVERY MEMBER OF THE BOARD OF DIRECTORS SUBMIT	
WRITTEN DISCLOSURE STATEMENTS ATTESTING THAT S/HE UNDERSTOOD AND COMPLIED	
WITH THE CONFLICTS OF INTEREST POLICY, AND CERTIFYING THAT EXCEPT AS	
SPECIFICALLY DESCRIBED IN HIS/HER PERSONAL DISCLOSURE FORM, NEITHER S/HE	
NOR ANY MEMBER OF HIS/HER FAMILY TO THE BEST OF HIS/HER KNOWLEDGE HAD BEEN	
ENGAGED IN ANY CONFLICT OF INTEREST. THE DISCLOSURE FORMS ARE REVIEWED BY	
MANAGEMENT AND NOTHING WAS NOTED THAT REQUIRED ACTION OF ANY KIND. THE	
CONFLICTS OF INTEREST FORMS ARE COMPLETED ANNUALLY AND RETAINED BY HIAS,	
INC. ANY POTENTIAL CONFLICTS OF INTEREST ARE EVALUATED, AND INDIVIDUALS	
WITH ANY ACTUAL CONFLICTS OF INTEREST RECUSE THEMSELVES FROM ANY DECISIONS	
OR DELIBERATIONS WITH REGARDS TO THE CONFLICTING ACTIVITY.	

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

HIAS COMPENSATION POLICY

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization	Employer identification number
HIAS, INC.	13-5633307
HIAS HAS ADOPTED AN ANNUAL CEO PERFORMANCE EVALUATION POLICY AND PROCESS	
WHICH IS FUNDAMENTAL TO THE BOARD OF DIRECTORS' OVERSIGHT OF THE CEO AND	
THE MISSION AND STRATEGY OF THE ORGANIZATION AND A PREREQUISITE TO	
ESTABLISHING THE COMPENSATION FOR THE CEO. THE CEO SUBMITS A WRITTEN	
SELF-EVALUATION TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS	
REPORTING PROGRESS AGAINST THE INSTITUTIONAL, MANAGEMENT AND INDIVIDUAL	
DEVELOPMENT OBJECTIVES OF THE PREVIOUS YEAR. CONCURRENTLY, THE GOVERNANCE	
COMMITTEE SOLICITS VIEWS ON THE CEO'S PERFORMANCE FROM THE FULL BOARD OF	
DIRECTORS. THE GOVERNANCE COMMITTEE CONSOLIDATES THE FEEDBACK AND MAKES	
PERFORMANCE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY TO	
THE FULL BOARD OF DIRECTORS. THE FULL BOARD AGREES UPON THE DELIVERY OF THE	
PERFORMANCE REVIEW AND THE CHAIR OF THE BOARD AND THE CHAIR OF THE	
GOVERNANCE COMMITTEE PRESENT THE ASSESSMENT TO THE CEO.	
HIAS'S EXECUTIVE COMPENSATION POLICY IS DESIGNED TO PROVIDE A REASONABLE	
AND COMPETITIVE PACKAGE OF SALARY AND BENEFITS, CONSISTENT WITH MARKET	
BASED COMPENSATION PRACTICES AND THE ORGANIZATIONS' FINANCIAL RESOURCES.	
THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR ENSURING THAT A	
COMPENSATION MARKET ANALYSIS IS CONDUCTED AT LEAST EVERY TWO YEARS OF	
COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AND	
BENCHMARKING ITS RECOMMENDATION FOR CEO WITH SUCH GROUPS AS GUIDESTAR,	
CHARITY NAVIGATOR, AND NATIONAL JEWISH LEADERSHIP ORGANIZATIONS. THE FULL	
BOARD OF DIRECTORS IS RESPONSIBLE FOR MAKING THE FINAL COMPENSATION	
DETERMINATION BASED ON THE PERFORMANCE REVIEW OF ITS CEO, THE	
RECOMMENDATION OF THE EXECUTIVE COMMITTEE AND THE MARKET ANALYSIS. THE	
MINUTES OF THE BOARD DOCUMENT THE BOARD'S DECISION AND ITS BASIS FOR THE	
REASONABLENESS OF THE COMPENSATION.	

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HIAS, INC.	Employer identification number 13-5633307
FOR KEY EMPLOYEES AND OFFICERS, THE COMPENSATION REVIEWS ARE DONE	
INTERNALLY BY MANAGEMENT TAKING INTO CONSIDERATION THE CURRENT MARKET	
SITUATION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH	
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	
THE FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON	
REQUEST AND ALSO PUBLISHED ON HIAS' WEBSITE. THESE DOCUMENTS ALONG WITH OUR	
WHISTLEBLOWER POLICY ARE AVAILABLE THROUGH OUR WEBSITE. THE CONFLICT OF	
INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL LOSS ON SPLIT-INTEREST AGREEMENT 244,723.	
CHANGE IN MINIMUM PENSION LIABILITY 367,745.	
INTERCOMPANY TRANSACTIONS 369,800.	
TOTAL TO FORM 990, PART XI, LINE 9 982,268.	
FORM 990, PART XII:	
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	
UNDER GAAP (U.S. ACCOUNTING STANDARDS), HIAS PREPARES CONSOLIDATED	
AUDITED FINANCIAL STATEMENTS WHICH INCLUDE THE U.S. HEADQUARTERS,	
FOREIGN BRANCH OFFICES AND FOREIGN LEGAL SUBSIDIARIES. PURSUANT TO	
U.S. INCOME TAX REPORTING RULES, HIAS PRESENTS THE INFORMATION ON FORM	
990 FOR ONLY ITS U.S. HEADQUARTERS AND FOREIGN BRANCH OFFICES. THE	
032212 11-20-20 Sc 61	chedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization HIAS, INC.	Pa Employer identification num 13-5633307
ACTIVITIES OF THE FOREIGN SUBSIDIARIES HAVE	BEEN REMOVED FROM THE FORM
990 PRESENTATION.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ)
51001 153424 0191786-00037	62 2020.04030 HIAS, INC. 011

# **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.

#### Name of the organization

HIAS, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
HIAS ECUADOR - 98-1566806					
SEE PART VII	REFUGEE ASSISTANCE AND				
ECUADOR	PROTECTION	ECUADOR	12,873,560.	2,633,272.	HIAS
HIAS PANAMA - 98-1567109					
SEE PART VII	REFUGEE ASSISTANCE AND				
PANAMA	PROTECTION	PANAMA	614,946.	309,398.	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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
HIAS ISRAEL							
SEE PART VII	REFUGEE ASSISTANCE AND						
ISRAEL	PROTECTION	ISRAEL	501(C)(3)	N/A	HIAS	х	
HIAS ARUBA							
SEE PART VII	REFUGEE ASSISTANCE AND						
ARUBA	PROTECTION	ARUBA	501(C)(3)	N/A	HIAS	х	
FUNDATION HIAS COLOMBIA							
SEE PART VII	REFUGEE ASSISTANCE AND						
COLOMBIA	PROTECTION	COLOMBIA	501(C)(3)	N/A	HIAS	х	
HIAS EUROPE							
SEE PART VII	REFUGEE ASSISTANCE AND						
BELGIUM	PROTECTION	BELGIUM	501(C)(3)	N/A	HIAS	x	

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

Schedule R (Form 990) 2020

2020

Open to Public Inspection

Employer identification number

13-5633307

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	organi	rolled zation?
HIAS GUYANA INC.				301(0)(3))		Yes	No
SEE PART VII	REFUGEE ASSISTANCE AND						
GUYANA	PROTECTION	GUYANA	501(C)(3)	N/A	HIAS	х	
HIAS MEXICO A.C.			501(0)(3)				
SEE PART VII	REFUGEE ASSISTANCE AND						
MEXICO	PROTECTION	MEXICO	501(C)(3)	N/A	HIAS	х	
HIAS PERU			501(0/(3/	N/A			
SEE PART VII	REFUGEE ASSISTANCE AND						
PERU	PROTECTION	PERU	501(C)(3)	N/A	HIAS	x	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Gener mana partr		Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											_	
	1											
	1			1		1				1		

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>(b)</b> Primary activity			(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER UNITRUST (1)									
SEE PART VII									
OSSINING, NY 10562	CRUT	NY	N/A	TRUST					х
HIAS COSTA RICA									
SEE PART VII	REFUGEE ASSISTANCE	COSTA							
COSTA RICA	AND PROTECTION	RICA	HIAS	C CORP	1,448,973.	564,910.	100%	x	
									<u> </u>

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>	_	+
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		_	+
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

 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)
 (b)
 (c)
 (d)

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HIAS COSTA RICA	В	643,631.	САЅН
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2020 HIAS, INC.

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)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2020

## Part VII Supplemental Information

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

SCHEDULE R, PARTS II AND IV:

RELATED ORGANIZATION ADDRESSES

IN LIGHT OF SECURITY CONCERNS RELATED TO THE RISK OF VIOLENT

ANTI-SEMITISM IN THE UNITED STATES AND ABROAD AS DOCUMENTED BY DHS,

FBI, ADL AND OTHER ORGANIZATIONS TRACKING THE THREAT OF VIOLENT

ANTI-SEMITISM, HIAS IS PROVIDING THE CITY AND STATE ADDRESSES OF OUR US

AFFILIATES AND THE COUNTRY INFORMATION FOR INTERNATIONAL COUNTRY

OFFICES.

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